



PO Box 1913  
Madison, AL 35758

[budsboard@budsonline.org](mailto:budsboard@budsonline.org)

## Member Mini-Grant Application

B.U.D.S will offer Mini-Grants of **up to \$500.00** to each individual with Down syndrome annually (January - December), as determined by the Board Members of B.U.D.S.

To qualify for the available funding, you must do at least **ONE** of the following:

1. Attend at least 3 board meetings.
2. Volunteer, for a minimum of 3 hours, for BUDs. Examples would be helping with the Buddy Walk, organize family activities, coordinate Moms' nights or Dads' nights, etc.
3. Bring in at least \$500 in sponsorships for the Buddy Walk.

Members that have met the participation requirement are eligible to submit only **one application per calendar year per family member with Down Syndrome**. Families with more than one individual with Down syndrome may apply for multiple grants, but the requirements for each grant must be fulfilled. Grants are awarded on a first come, first serve basis until available money is gone. Once the Mini-Grant budget has been exhausted, no additional funding will be available until the following year, contingent on available funding.

Payment will be in the form of either reimbursement, with proof of payment being submitted to a B.U.D.S Board Member, or proceeds being forwarded directly to the provider of the service.

### **Funding will be available in the following areas:**

#### **1. Educational Resources or Equipment**

Examples: Costs for DS conferences/workshops, DS educational books, Signing Time DVDs, Talk Tools Supplies, payment towards purchase of communication devices, technological resources (apps), safety equipment, etc.

#### **2. Recreation/Therapeutic Activities**

These activities may include, but are not limited to, dance, yoga, swim, karate, art, music, day camps, overnight camps, physical therapy, occupational therapy, speech therapy or other activities that build skill, strength and/or self-confidence.

If you have a question about whether a resource, service, or activity qualifies please email:  
[budsboard@budsonline.org](mailto:budsboard@budsonline.org)

Amended January 2023

#### **Applicant Information:**

Name and Age of Individual with DS \_\_\_\_\_

Parent/Guardian Name(s) of applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone number:(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address (if available) \_\_\_\_\_

**As a Member in Good Standing, I have done ONE of the following:**

\_\_\_\_\_ Attended 3 Board Meetings

Dates Attended: \_\_\_\_\_

\_\_\_\_\_ Volunteered a minimum of 3 hours in the following areas:

\_\_\_\_\_ Event or activity \_\_\_\_\_ Fundraising

\_\_\_\_\_ Board/Committee member \_\_\_\_\_ New Parent support

\_\_\_\_\_ Buddy Walk \_\_\_\_\_ Other

\_\_\_\_\_ Secured a minimum of \$500 in Buddy Walk Sponsorships

Company(s) Name: \_\_\_\_\_

**Information on Specific Need for Individual with DS:**

Name & Location \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_ Description of Item/Program/Service:

\_\_\_\_\_ Total Cost of Item/Program/Service \$ \_\_\_\_\_ (Receipts Attached)

Thank you! Your request will be read, voted on and reimbursement will be made upon approval by BUDS Board. Please email to [Budsboard@budsonline.org](mailto:Budsboard@budsonline.org).

\_\_\_\_\_ By signing, you acknowledge that the above is correct to the best of your knowledge. Date

**BUDS Board Use Only**

\_\_\_\_\_ Membership Current \_\_\_\_\_ Northern Alabama Resident \_\_\_\_\_ Member in Good Standing

\_\_\_\_\_ Volunteer Hours Met \_\_\_\_\_ Receipts/Bills Included \_\_\_\_\_ Proof of Payment Included

\_\_\_\_\_ Amount Approved \_\_\_\_\_ Approval Signature & Date