



**Miami Valley Down Syndrome Association
Family Grant Application
Grant Year 2021**

Please complete the application in full and email the application along with any required supporting document to familygrant@mvdasa.org

Parent/Caregiver Name: _____
First Last

Name of person w/ Ds: _____
First Last

Birthdate of person w/ Down syndrome: _____ / _____ / _____
mm dd yyyy

Street Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____ County: _____

Please choose from one of the following grant options:

iPad with 2 years of AppleCare+ (recipient must be at least 3 years of age & has not received an iPad purchased by the MVDSA in the past 3 years)

Please choose ONLY one of the following for direct pay financial assistance (not to exceed \$400):

NOTE: All direct services providers MUST be fully inclusive of the Down syndrome community. If the provider is not inclusive, the application will not be approved.

Adaptive Physical Activity – Provider: _____

Must provide an invoice or a statement from the provider with a contact name & information

Adaptive Swim – Provider: _____

Must provide an invoice or a statement from the provider with a contact name & information

Equine Therapy – Provider: _____

Must provide an invoice or a statement from the provider with a contact name & information

Medical – Provider: _____

Must provide an invoice or a statement from the provider with a contact name & information

PT / OT / Speech – Provider: _____

Must provide an invoice or a statement from the provider with a contact name & information



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Equipment or Products (not to exceed \$400, including shipping):

- Educational Support – Vendor: _____
Must provide a comprehensive list of desired products and a letter describing the benefits from a therapist or other medical professional
- PT / OT / Speech Support – Vendor: _____
Must provide a comprehensive list of desired products and a letter describing the benefits from a therapist or other medical professional
- Vision Support – Vendor: _____
Must provide an invoice or a statement from the provider with a contact name & information



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MVDSA Family Grant Program Rules & Eligibility

1. Individuals with Down syndrome should reside in one of the following counties: Auglaize, Champaign, Clark, Darke, Greene, Logan, Mercer, Miami, Montgomery, Preble or Shelby (exceptions may be possible for families residing in neighboring counties. Please contact office@mvdasa.org for details).
2. All grant requests and supporting documentation must be submitted via email (familygrant@mvdasa.org) no later than 11:59 on the final date of each cycle:
 - a. Spring Grant Cycle: February 1, 2021 – March 15, 2021
 - b. Fall Grant Cycle Due Date: July 1, 2021 – August 15, 2021
3. Notifications regarding approval or non-approval of Family Grant submissions will be sent via email and regular mail no later than:
 - a. Spring Grant Cycle Notification Date: on or before May 15, 2021
 - b. Fall Grant Cycle Notification Date: on or before October 15, 2021
4. No grant request can exceed \$400 including associated costs such as product shipping.
5. Payments and purchases will be paid directly by the MVDSA to qualified service providers and vendors (no reimbursements will be paid to families).
6. Families can apply for both Spring & Fall cycles. However, families are only eligible to receive one MVDSA Family Grant per calendar year. (i.e. If the Smith family applies during the Spring cycle and the request is approved, the Smith family cannot apply for another Family Grant until the following calendar year. Conversely, if the Jones family applies during the Spring cycle and the request is not approved, the Jones family can apply during the Fall cycle.
7. You will receive an email confirmation upon receipt of your application via the specified email (familygrant@mvdasa.org). All applications will be reviewed for completeness. You will be notified via email ONLY – IF additional documentation is required. However, that will change the original application receipt date.
8. Complete applications (including required documentation) will be reviewed for approval based on the order of receipt date/time. Delay in submission may result in allotted grant cycle funds being exhausted.
9. **All direct services providers MUST be fully inclusive of the Down syndrome community. If the provider is not inclusive, the application will not be approved.**