



**Miami Valley Down Syndrome Association  
Family Grant Application  
Grant Year 2023**

Please complete the application in full and email the application along with any required supporting document to [familygrant@mvdsa.org](mailto:familygrant@mvdsa.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 [natasha@mvdlsa.org](mailto:natasha@mvdlsa.org) for details).
2. All grant requests and supporting documentation must be submitted via email ([familygrant@mvdlsa.org](mailto:familygrant@mvdlsa.org)) no later than 11:59 on the final date of the cycle:
  - a. Spring Grant Cycle: February 19, 2023 – March 31, 2023
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, 2023
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. You will receive an email confirmation upon receipt of your application via the specified email ([familygrant@mvdlsa.org](mailto:familygrant@mvdlsa.org)). All applications will be reviewed for completeness. You will be notified via email ONLY – IF additional documentation is required. However, that could change the original application receipt date.
7. Complete applications (including required documentation) will be reviewed for approval based on the order of receipt date/time. A delay in submission may result in allotted grant cycle funds being exhausted.
8. **All direct services providers MUST be fully inclusive of the Down syndrome community. If the provider is deemed not inclusive, the application will not be approved.**

**NOTE: Grant cycle and notification dates are subject to change in any given year due to changing circumstances.**