



Central Mississippi Down Syndrome Society

“Summer FUNd” Grant Program

CMDSS is a 501(c)(3) non-profit organization of active and committed volunteers dedicated to providing families who have a loved one with Down syndrome with needed support services and information about local resources. CMDSS programs promote positive public awareness, acceptance, and inclusion of all individuals with Down syndrome, as well as the opportunity to succeed.

CMDSS raises funds and awareness through our annual Buddy Walk. Our programs include our award winning New Parent Guide, annual photo calendar featuring area children and adults, Teacher and Direct Support Professional Grant Programs, Family Social and Educational Events, Summer FUNd Grant Program, Organizational & Groups Grants Program, and Free Resource Library for Families.

We encourage you to learn more about CMDSS at our website: www.cmdss.org.

Purpose of the “Summer FUNd”

- To encourage individuals with Down syndrome to participate in group and community activities during the summer season.
- To assist individuals with Down syndrome in attending programs that promotes self-help skills and encourage new talents, interests and experiences.

How can the funds be used?

- Funds may be requested to assist an individual with Down syndrome in attending an organized group or community activity that promotes the personal growth and development of the person requesting funds.
- Funds may be used to assist with registration fees, transportation costs, or other essential expenses related to the activity.

Who can apply?

Any individual with Down syndrome who resides in the service area covered by Central Mississippi Down Syndrome Society.

Where do I apply?

Complete the form and mail it to:
Central Mississippi Down Syndrome Society
P.O. Box 935
Jackson, MS 39205
or e-mail grants@cmdss.org

The deadline for 2012 applications is April 30, 2012 (postmarked). Receipts for grants MUST be received by June 15, 2012. Any receipts received after June 15 will not be honored. CMDSS will mail all grant monies by July 1, 2012.

All applications are subject to the availability of funds. Depending on the number of applications, funds may not be available to award all grants requested.

How much can I apply for?

In order to extend grants to as many people as possible, the following limits apply to requests: **Up to \$200 per person per year***

* This is a maximum amount. Based on the number of requests received, applicants may not be awarded the full amount requested.

* Due to the number of requests that are received and a limited budget, we typically do not fund 100% of the cost of each program. However, if there are extenuating financial circumstances or any special requests, please let us know **in advance**, by attaching an explanation. Special requests will be considered on a case-by-case basis.

Consideration of grant requests will include the following criteria:

- Programs that promote self-help skills for individuals with Down syndrome.
- Programs that encourage the development of new talents, interests and experiences for individuals with Down syndrome.
- Programs that provide opportunities for individuals with Down syndrome to participate in activities with their peers.

When do I get my money?

The “SUMMER FUNd” grant ***must reimburse for actual expenses***. This means that CMDSS cannot authorize a check to you before you have made payment for the activity for which the grant has been awarded. Therefore, you need to save your registration forms and receipts, as well as receipts for other expenses associated with the activity. You may request reimbursement upon submission of those receipts to CMDSS. Other details will be included in the award letter.

If you must receive your grant earlier in order to be able to pay for the activity so you can attend, please note that on your application. CMDSS will consider your request for earlier payment.

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Application Form

Name of Applicant _____

Address _____

City, State, Zip Code _____

Phone and email _____

Name and description of the activity you wish to attend (if available, please attach brochures or other literature that describe the activity):

Dates _____ Location _____

Have you attended this activity before? Yes No

Financial assistance is requested for:

Registration \$ _____
Transportation \$ _____
Other (Specify) \$ _____
 \$ _____
 \$ _____

TOTAL REQUEST	\$ _____
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Please mail this completed form to:

Central Mississippi Down Syndrome Society
P.O. Box 935
Jackson, MS 39205
or e-mail grants@cmdss.org

*Signature: _____ Date: _____

____ I certify that the applicant has Down syndrome