Grant Application Guidelines

READ THOROUGHLY BEFORE COMPLETING THE APPLICATION

The DSAL grant program is intended to provide financial assistance for equipment & services that directly improves the quality of life of individuals with Down syndrome. The program will consider applications to cover the cost of products and services including, but not limited to, recreational programs such as camp, educational programs & tutoring, all therapies not covered by insurance, medical expenses not covered by insurance.

Criteria

Grants will be made available to individuals with Down Syndrome that live in Coastal South Carolina, in areas not covered by another Down syndrome association.

Grant awards

Grants will be available for a maximum of $1,000 per applicant per calendar year. We encourage all families to apply, however, we ask that you consider applying with the other local agencies for assistance prior to applying for a grant, including but not limited to those listed on the DSAL website.
https://www.dsalowcountry.org/down_syndrome_resources/grants-and-scholorships.html

When at all possible, monies will be sent directly to the program or providers, in certain limited situations with appropriate documentation it is possible to receive reimbursement with a paid receipt. Please do not enroll in an Activity/Therapy, pay for an Activity/Therapy or purchase a product presuming grant monies will be received. Grant money is not guaranteed in any situation prior to applying and receiving written confirmation from DSAL of your request.

Should parents choose to un-enroll their child in the camp or activity for which a grant application has been completed, DSAL should be alerted and monies returned.

Examples of items grants will not be awarded for include but are not limited to the following: organizations/businesses, fundraising drives, debt reduction (expenses incurred for services received prior to the grant award), medication and/or school tuition.

Application Process

Please complete the most current application form and email your entire application packet on or before the due date to dsalgrants@gmail.com. If you need assistance procuring either a printed or digital copy of the application or need assistance uploading and emailing the finished application, please contact a member of DSAL, someone will be glad to assist you.

Funds will be disbursed twice annually. Total amount awarded annually will be based on availability of funds.
Applications do not roll into the next grant cycle and must be resubmitted each time a grant is desired. We will ask anyone who submits an incomplete application to resubmit in the next cycle so please contact us sooner rather than later if you have any questions about the process.

Applications will be accepted and considered without regard to sex, religion, ethnic background, race, or national origin.

Not sure if your request qualifies? Direct all questions to dsalgrants@gmail.com.

Family & Applicant information:

Page 1: Identify Caregiver / Parents / Guardian(s). If over 18, independent, and completing the form yourself, leave the Caregiver / Parent / Guardian line blank. Complete all contact information. The "applicant" refers to the individual with special needs who will benefit from the therapy being requested. Confirm the primary diagnosis and secondary diagnoses or disabilities. (Examples: Autism Spectrum Disorder, Cerebral Palsy, Sensory Integration Dysfunction). Please list any other dependent/s that have a disability, their relationship to the caregiver or applicant and the type of disability.

Page 2: These are auxiliary questions, not necessarily used for funds determination.

Activity / Therapy / Product Information:

Page 3: Complete this section for the therapy provider you choose to receive therapy from for this grant or the product to be purchased. If you've enrolled in a camp or activity that has not yet happened or the applicant is currently participating in, list that information here.

Name the specific type(s) of Activity / Therapy / Product for which you choose to use the grant. (Example: Physical Therapy, Speech Therapy, Therapeutic Horseback Riding)

In all cases possible, payment is made to the business providing the Activity / Therapy / Product. In cases where enrollment is required prior to the grant award, and payment or place hold deposit was made, list that separate from the remaining financial obligation. Please do not enroll in an Activity/Therapy, pay for an Activity/Therapy or purchase a product presuming grant monies will be received. Grant money is not guaranteed in any situation prior to applying and being approved.

The therapy provider is the organization or business, not the individual therapist, unless they are the same.

- It is recommended that you designate a specific therapy provider with which you would like to participate.
- If you do not know where to go for therapy, we urge you to do that research before filling out this request for funding support.

Identify if you have received an evaluation and/or services from this provider.

Indicate the cost of the therapy and how it is billed by the provider. (Example: $100 per hour or $800 per week. Write in any unique situations such as $1,500 for 3- week intensive camp.)

Indicate if the applicant intends to use the products in school (S), or at home (H).

Required documentation, Page 4:

Contact the applicant's Primary Care Physician / Pediatrician for a statement / letter confirming the applicant's diagnosis. While the letter will need to be submitted for each subsequent grant application, the same letter can be used presuming the primary diagnosis is something that will not change for the applicant's lifetime. The letter must be on the practice letterhead and signed by the PCP/Pediatrician themselves.

Attached supportive information, brochures, pictures, statements from medical professionals, therapists, experts in the field as well as personal research citations.

Explain why what is being applied for will be beneficial to the applicant in this section. Provide how the grant award will affect the daily and future life of the applicant, among other things.

Finalizing The Application, Page 4: Agree to the statements by signing and dating the application.

Release forms and HIPAA Release, Page 5: If you agreed on page 2 to share your story, which you would provide after the grant award, sign the media release form. For all therapists / medical professionals you listed on page 4 question numbers 18, 22, 25 and / or 26, please list those entities in the first blank space on the HIPAA release form after the word TO:.