



DSAGC Community Participation Fund Application

Community Participation Fund is designed to provide financial assistance to individuals with Down syndrome and their families. The DSAGC will distribute \$250 per year, per person with a \$500 family maximum. This fund is for families who need financial assistance to pay for community opportunities.

Eligible Expenses

- education which might include registration for local, regional or national conferences, seminars or training sessions, self advocacy events, transportation costs including gas mileage, hotel, and airline tickets
- community events which might include organized sports, summer camps, music lessons, exercise classes, and transportation to get to these events
- fees for therapies such as OT, PT or Speech

Use for Funds

Each request will be reviewed for eligibility by the DSAGC.

Eligible Recipients

You must live in the Greater Cincinnati region which includes Adams, Boone, Brown, Butler, Campbell, Clermont, Clinton, Dearborn, Hamilton, Highland, Kenton and Warren counties. You must be an individual with Down syndrome or a family member.

Application Deadline

Applications will be processed as they are received.

Awarding Funds

The DSAGC will pay the vendor directly, or we will reimburse you for actual expenses after you return from the event/activity and submit receipts. To receive payment, please return the signed receipt form and original receipts within 45 days after the event. After you fill out the form below, a DSAGC staff member will be in touch to finalize payment details.

Please allow 14 days to process the application. Return your application and registration materials or receipts to: Betsy Browe, DSAGC 4623 Wesley Ave., Suite A, Cincinnati, OH 45212 BetsyB@dsagc.com

4623 Wesley Avenue Suite A Cincinnati, OH 45212 • P 513.761.5400 • F 513.761.540 • www.dsagc.com

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Parent's First Name _____ Parent's Last Name _____

Date _____ Address _____

City _____ State _____ Zip _____

County _____ Phone _____ Email _____

Child's First Name _____ Child's Last Name _____

Child's D.O.B. _____

Activity for which you are seeking funds

Dates you are interested in attending _____

Location of Activity _____

Total Cost of Activity _____

Amount Requested from DSAGC CPF fund _____

Check Made Payable to (check one) _____

Provider of the Activity (organization or company) Provider Name _____

Provider Contact _____ Email / Phone _____

Street Address _____ City _____ State _____ Zip _____

_____ Parent If check is made out to parent.

What will this activity benefit you/your child?

Have you received DSAGC CPF funds in the past? _____ YES _____ NO

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