

Down Syndrome Community of Greater Chattanooga Educational/Recreational Grant

The Down Syndrome Community of Greater Chattanooga (DSCGC) Educational and Recreational Grant assists in providing additional supplemental services for family members with Down syndrome. The goal is to provide grants to offset the costs of educational expenses, conferences, seminars, recreational activities, and camps for children and adults with Down syndrome. These activities might include but are not limited to school and college tuition, organized sports, summer camps, exercise classes, gymnastics, and dance classes. The program does not fund prescribed therapies such as physical therapy (PT), occupational therapy (OT), and speech and language therapies (ST). However, adaptive recreational equipment not covered by insurance will be considered on a case-by-case basis. No assistance is provided for technology hardware such as iPads and other devices, but the DSCGC Board will consider approval of a grant to pay for communication apps for these devices. A signed letter from an Adaptive Technology Provider must accompany your request and state that you are a current patient. In matters where assistance is requested for family membership programs, such as an aquatic facility membership, no more than 25% of the total amount of membership cost will be considered. This grant is not available for the payment of insurance premiums.

Applicants must meet the following basic criteria to apply:

Any individual with Down syndrome residing in the DSCGC service area-

TN counties: Hamilton, Bradley, Bledsoe, Marion, Polk, Rhea, Sequatchie

GA counties: Catoosa, Chattooga, Dade, Gordon, Murray, Walker, Whitfield

AL counties: Cherokee, DeKalb, Jackson

Diagnosis of Down syndrome, not limited to age

Annual Maximum:

The maximum scholarship per individual family per fiscal year is \$500. DSCGC fiscal year for this grant begins on January 1 and ends on December 31. The program is based on application submission followed by voting of the DSCGC Board members.

Application Process:

- 1) Requestor must complete the DSCGC Education and Recreational Grant application
- 2) Requestor must submit a copy of the paid receipt with application. DSCGC will reimburse for actual expenses. If the requestor has an outstanding bill, payments will be made to provider only. Applications submitted without receipt of payment will be considered incomplete and will not be processed.
- 3) DSCGC may approve a check to be issued to the vendor for immediate payment if it hinders the applicant from attending said event, such as camp. In this case, an invoice must be attached to the application, and the check will be mailed to the vendor.
- 4) Requests must be submitted within 60 days of billing and mailed to the following address:
DSCGC
P.O. Box 4891
Chattanooga, TN 37405
or email grants@chattanoogadownsyndrome.org

Awarding funds:

After an application is approved, payment will be processed within 30 days of the monthly DSCGC Board meeting. If the application is denied, a brief explanation will be included in the written notification. Requests may be denied for, but not limited to, the following reasons:

- 1) Requestor has already been awarded the annual maximum of \$500
- 3) Applicant resides outside the DSCGC service area
- 4) Grant funds have been exhausted for the current fiscal year.
- 5.) More than 60 days have lapsed since billing date.

Please email grants@chattanoogadownsyndrome.org if you have any questions.

**Down Syndrome Community of Greater Chattanooga
Educational/Recreational Application**

Please print clearly

Participant's Name: _____ Date of Birth: ___/___/___ mm/dd/yy

Parent or Guardian's Name: _____

Street Address _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone (____) _____ Email: _____

Please briefly explain need for grant: _____

Date of expense: From ___/___/___ mm/dd/yy To : ___/___/___ mm/dd/yy

Cost of expense: \$ _____ *please attach copy of receipt to application

Is payment to vendor? _____ If yes, due date for payment ___/___/___ mm/dd/yy

*copy of written statement

Have you applied for/received funding from other sources relating to this request? _____ If yes, where? _____

Provider Name _____

Provider's Address _____

Provider's City _____ State _____ Zip: _____

Phone: _____

Parent/Guardian Signature: _____ Date: ___/___/___

Mail completed form and all requirements to: DSCGC, P.O. Box 4891,
Chattanooga, TN 37405 or email to grants@chattanoogadownsyndrome.org