



Global Down Syndrome Foundation Self-Advocate Employment Initiative Grants

December 12, 2016,

Dear Global Down Syndrome Foundation Members,

After a successful inaugural year, we are proud to present the second annual Request for Proposals (“RFP”) for the Global Down Syndrome Foundation Self-Advocate Employment Initiative Grants (“Grant(s)”). The Grants empower local Down syndrome organizations to hire individuals with Down syndrome. People with Down syndrome can be excellent employees and some employers have reported a higher satisfaction level among all workers when they have co-workers who have Down syndrome.

The long-term intentions of the Grants are to provide much needed funding to local Down syndrome organizations to employ people with Down syndrome and to help attract sustainable funding from other sources. By following the parameters of success provided by this Grant, Global hopes that over time dozens if not hundreds of individuals with Down syndrome can become empowered and engaged employees.

The proposals for the Grants are due to the Global Down Syndrome Foundation by 5:00pm (MDT) on Friday, January 27, 2017. The Grants will be awarded in amounts up to \$2,000 and recipients will be announced at the Down Syndrome Affiliates in Action Leadership Conference in Cincinnati, OH in February 2017.

Attached you will find information about the Global Down Syndrome Foundation Self-Advocate Employment Initiative Grants, including the application and eligibility requirements. We look forward to reviewing your proposals.

Together, we are creating a brighter future for people with Down syndrome!

Michelle Sie Whitten
President and CEO
Global Down Syndrome Foundation

Ashley Sparhawk
Grants Coordinator
Global Down Syndrome Foundation

Global Down Syndrome Foundation Self-Advocate Employment Initiative Grants

ELIGIBILITY REQUIREMENTS

- Applicant must be a Global Down Syndrome Foundation organization member.
 - Local Down syndrome organization memberships range from \$150 to \$500 a year based on annual revenue size.
 - To become a member, go to www.downsyndromeworld.org/membership.
- The proposal must be for a new employment initiative *OR* in some cases an extension of an existing employment program; in both cases the employment initiative should have a clear and measurable impact that benefits the employee with Down syndrome.
- Only organizations that are designated 501(c)(3) by the IRS can apply.
- Organizations must link from their websites to the Global Down Syndrome Foundation (www.globaldownsyndrome.org) as a resource in order to be considered.
- A Grant Agreement must be signed once a Grantee is chosen in order to access the Grant funding.
- The grant application must be filled completely and be submitted, along with all of the required attachments (see Section C), by no later than 5:00 pm MDT Friday, January 27, 2017. Grant awardees will be announced at the Down Syndrome Affiliates in Action Leadership Conference in February 2016.

Please send complete grant application packet, including all of the attachments, to:
Ashley Twining Sparhawk at asparhawk@globaldownsyndrome.org

SECTION A: Organizational Information

(Please type directly into this interactive form)

Legal Name of Organization:

DBA (if applicable):

Taxpayer ID Number:

Mailing Address:

City:

State:

Zip Code:

Executive Director or President Name:

Phone:

Email:

Organization Email:

Organization Website:

Twitter:

Facebook:

Other social media:

AUTHORIZATION

The undersigned certifies that she/he is authorized to represent the organization applying for a Grant, and that the information contained in this application is accurate. The undersigned agrees that if a Grant is awarded to the organization, the grant will be used for the purpose outlined in the Grant application and may not be expended for any other purpose without prior written approval from the Global Down Syndrome Foundation. The undersigned also agrees that information about the organization as specifically related to the grant may be used by the Global Down Syndrome Foundation in any published materials.

Signature of Executive Director/President

Date

Year Founded:

Mission Statement:

Geographic Area Served:

Number of Employees: Full-Time: Part-Time:

Number of Volunteers:

Full-Time Employees with Down syndrome:

Part-Time Employees with Down syndrome:

If your organization is membership-based, how many members do you have?

Do any of your board members have Down syndrome?

If yes, please provide name(s):

What percentage of members or people served by your organization fall into the following categories (total might not equal 100% as many people will fall into more than one category)? Please fill in both tables.

	Adults (21 and over) with Down syndrome and their families	Children (under 21) with Down syndrome and their families	Professionals who serve or interact with people with Down syndrome
%			

	Under the poverty line	Hispanic	Native American	African American	Asian	Caucasian	Other Ethnicity
%							

FINANCIAL INFORMATION

What financial or accounting software does your organization use?

What financial or accounting software does your organization use?

Full-Time Accountant

Part-Time Accountant

Contract Accountant

Volunteer Accountant

Board of Directors

Other (please specify)

Organizational Budget: \$

Revenue: \$

Expenses: \$

Fiscal Year Ending Date:

Have you received funding from the Global Down Syndrome Foundation in the past three years?

Yes

No

If yes, please briefly describe the project that was funded and the amount of funding.

Sources of Income Table:

%	Foundation Grants
%	Government Grants
%	Corporations
%	Events
%	Individual Contributions
%	Workplace Giving
%	In-Kind (optional)
%	Other
100%	Total

SECTION B: Program Information

Amount of request (should not exceed \$2,000):

How would this grant support a self-advocate with Down syndrome working at your organization? Be sure to specify type of work, responsibilities, number of hours and/or months to work as appropriate.

Means of transportation: how will the employee with Down syndrome get to and from work?

Is the position already filled or do you have someone in mind already? Yes No
If yes, please attach a resume.

If the position is already filled, please explain how this grant would help expand your current employment program.

Who will the employee with Down syndrome report into? Please list supervisor(s) name and position.

Do you plan to implement an annual or periodic review? Please elaborate.

Explain the methodology and benchmarks that will be used to assess the success of the employment program.

Will you post for the job? If yes, how and where?

SECTION C: Required Attachments

- 1. Letter indicating tax-exempt status under section 501(c)(3) of the U.S. Internal Revenue Code.** Letter must be dated within the last five years.
- 2. Board of Directors List** including information about position on board.
- 3. Anti-Discrimination Statement** that has been adopted by the Board of Directors (if available).
- 4. List of names and titles of Key Staff** (please do not include job description or resumes).
- 5. Job description for the position** the grant would support.
- 6. Annual Operating Budget for the current financial year** (including revenue and expenses).
- 7. Year-End Financial Statements** (audited, if available)
- 8. Major Contributors List** for the past two years, including major public contributors (foundations, corporations, government).