



Global Down Syndrome Foundation Self-Advocate Employment Initiative Grants

Dear Global Down Syndrome Foundation Members,

Since 2016, the Global Down Syndrome Foundation has awarded \$31,200 to Down syndrome organizations across the United States through its Self-Advocate Employment Initiative Grants (“Grants”). This year, we are proud to present the third annual Request for Proposals. The Grants empower local Down syndrome organizations to hire individuals or extend employment of existing employees with Down syndrome. The Grants have helped employ over 30 individuals and the variety of jobs self-advocates perform include creating social media campaigns, making signing videos, presenting interactive awareness workshops at schools, public speaking, performing and supporting administrative duties, and more.

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, March 9, 2018. The Grants will be awarded in amounts up to \$2,000 and recipients will be selected and notified in April 2018.

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 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, March, 9, 2018. Grant awardees will be selected and notified in April 2018.

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?

Board of Directors (please list):

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?

Who is responsible for the organization's financials? (choose all that apply)

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. IRS Determination 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. Anti-Discrimination Statement** that has been adopted by the Board of Directors (if available).
- 3. Job description** for the position the grant would support.
- 4. Annual Operating Budget** for the current financial year (including revenue and expenses).
- 5. Year-End Financial Statements** (Audited, if available. Must be from the immediately preceding year. Preliminary financials also accepted.)
- 6. Major Contributors List** for the past two years, including major public contributors (foundations, corporations, government) and amounts.