

Global Down Syndrome Foundation Educational Grants

March 12, 2018

Dear Friends and Colleagues,

We are proud to present the seventh Request for Proposals ("RFP") for the Global Down Syndrome Foundation Educational Grants ("Grant(s)"). Since they were launched in 2012, the Grants have provided \$475,250 to local Down syndrome organizations from around the United States and Puerto Rico, funding 51 innovative educational programs to medical professionals, self-advocates, teachers, parents of people with Down syndrome, and beyond.

The Grants are a direct result of surveys sent to many local Down syndrome organizations and feedback from DSAIA Leadership Conference workshops. The surveys and feedback underscored the importance of local educational programs towards creating a brighter future for people with Down syndrome.

The long-term intentions of the Grants are to provide much needed funding to create important educational programs or augment existing educational programs that are designed to help people with Down syndrome and to help attract sustainable funding from other sources by utilizing the parameters of success which are required per the Grant RFP. These parameters will ensure that such educational programs are successful and sustainable. In this way, over time, we can help launch dozens if not hundreds of new educational programs that benefit people with Down syndrome.

The proposals for the Grants are due to the Global Down Syndrome Foundation by 5:00pm (MDT) on Friday, May 18, 2018. The Grants will be awarded in amounts up to \$10,000 and winners will be announced at the National Down Syndrome Congress Annual Convention in Dallas in July 2018.

Attached you will find information about the Global Down Syndrome Foundation Educational Grants, including eligibility requirements. Please note, when downloading the interactive grant application, save the form to your computer before you begin filling it out; you may lose the information if you begin working on it in your Internet browser. We look forward to your proposals as well as your thoughts and suggestions.

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

Michelle Sie Whitten President & CEO Global Down Syndrome Foundation Ashley Sparhawk Grants Coordinator Global Down Syndrome Foundation

Global Down Syndrome Foundation Educational Grants

ELIGIBILITY REQUIREMENTS

- Applicant must be a Global Down Syndrome Foundation member.
 - Local Down syndrome organization memberships range from \$150 to \$500 a year based on annual revenue size.
 - To become a member, go to <u>www.downsyndromeworld.org/</u> <u>membership</u>
- The proposal must be for a new educational program OR in some cases a significant extension of an existing program will be taken into consideration; in both cases the educational program should have a clear and measurable impact that benefits people 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 (<u>www.globaldownsyndrome.org</u>) as a resource in order to be considered.
- A Grant Agreement regarding terms and post program reporting 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 no later than 5:00 pm MDT Friday, May 18, 2018. Grant awards will be announced at the National Down Syndrome Congress Annual Convention in July 2018.

Send complete grant application packet, including all of the attachments, to Ashley Sparhawk at <u>asparhawk@globaldownsyndrome.org</u>.

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 Presider | nt Name: | | | |
| Phone: | Email: | | | |
| Contact (if different): | | | | |
| 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.

Signature of Executive Director/President

| Data | | |
|------|--|--|
| Dale | | |

| Year Founded: | | | | |
|---|-------------------|-----------------|----------------------------|-------|
| Mission Statement: | | | | |
| | | | | |
| | | | | |
| Brief History: | | | | |
| | | | | |
| | | | | |
| Current Goals: | | | | |
| | | | | |
| | | | | |
| Geographic Area Served: | | | | |
| | | | | |
| | | | | |
| Number of Employees: | Full-Tim | ne: | Part-Time: | |
| | | | | |
| Number of Volunteers: | | | | |
| Full-Time Employees with Down syndrome: | | | e Employees n syndrome: | |
| If your organization is membersh | nip-based, how n | nany members | do you have? | |
| What percentage of members or | r people served l | oy your organiz | ation fall into the fol | lowin |

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 |
|---|------------------------|----------|--------------------|---------------------|-------|-----------|--------------------|
| % | | | | | | | |

BOARD/GOVERANCE

Describe the role of the board of directors in advancing the mission of your organization.

Describe your organization's policy regarding board term limits and diversity.

What percentage of the board contributes financially to your organization annually?

Describe how your organization strives to be inclusive in its programs, hiring, board and volunteer recruitment, and describe the results of inclusiveness activities to date.

FINANCIAL INFORMATION

| What financial or accounting software does your organization use? | | | | |
|---|----------------------------------|------------------------|--|--|
| What financial or accounting sc | oftware does your organization u | ise? | | |
| 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:

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

EXISTING ORGANIZATIONAL PROGRAMS (attach additional sheet if necessary)

Provide a brief description of all your organization's current programs and events.

Provide a more detailed description of your organization's current educational programs. Include population numbers served, as well as past results. (Do not include the educational program that is associated with this grant application, which you will describe in more detail in the narrative section.)

SECTION B: Program Information

TYPE OF GRANT REQUESTED

Support is being requested for (please check only one area):

| Annual conference or workshop | Twice-annual conference or workshop | Quarterly conference or workshop | Other (please specify) |
|-------------------------------|---|--|--|
| Target Audience (plea | se provide percentage for all | areas that apply): | |
| People with Down Syndrome | Parents and caregivers of people with Down syndrome | Educational professionals | Medical professionals (including therapists) |
| % | % | % | % |
| Amount of request (she | ould not exceed \$10,000): | | |

PROGRAM DESCRIPTION (attach additional sheet if necessary)

| Name of program: | | | | |
|--|--|--|--|--|
| ates and times the program is offered: | | | | |
| | | | | |
| | | | | |
| Anticipated attendance: | | | | |
| | | | | |

Description of program:

What are the specific, measurable objectives of the program?

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

Provide a sample of survey questions that you would use to gauge the effectiveness of the program.

If the program existed last year, what outcome(s) were achieved? How will additional funds provide for a significant difference in programming?

How will you market this program in your area?

PROGRAM BUDGET (attach additional sheet if necessary)

Budgeted revenue and expenses for the program.

Will additional funds be required for the program to break even or have a positive net income? If so, how do you plan to raise the funds? Please include the names of foundations and/ or corporations you would target. What confidence level do you have of receiving the additional funding?

SUSTAINABILITY (attach additional sheet if necessary)

Calculate the percentage of revenue this grant would represent for your organization.

Calculate the percentage of attendance/ audience this program represents of your total membership or constituent base.

Provide a list of potential foundations that would fund this type of program as well as the average grant size per foundation.

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, occupation, and name of employer, city and state of residence and term end date.
- 3. List of names and job titles of Key Staff. Do not include job description and resumes.
- **4. Annual Operating Budget** for the current financial year (including revenue and expenses).
- 5. Detailed Program Budget for the grant proposal (include revenue and expenses).

6. Current (Year-to-Date) Financial Statements

a) Statement of Financial Position (Balance Sheet) AND

b) Statement of Activities (Income and Expense Statement) through the most recently completed operating month available (must be within the past three months).

- 7. Year-End Financial Statements from the immediately preceding year. (Audited, if available. Preliminary financials also accepted.)
- **8. Major Contributors List** for the past two years, including major public contributors (foundations, corporations, government) and amounts.

Optional Attachments

- 1. Anti-Discrimination Statement that has been adopted by the Board of Directors (if available).
- 2. Annual Report (if available).

Failure to submit a required attachment may result in ineligibility.

Send complete grant application packet, including all of the attachments, to Ashley Sparhawk at asparhawk@globaldownsyndrome.org.