



Down Syndrome Family Support and Advocacy Group
Mini Grant Application

Today's Date: _____

Total Amount Requested: _____ (\$200 maximum limit)

Name of Member
with Down Syndrome: _____

Name of Parent/Caregiver: _____

Address: _____

Phone #: _____ Email: _____

Brief description of service, educational materials or event: _____

Date of service, event, purchase: _____

Please attached copy of receipt(s) and mail to: DSFSAG Mini Grant
51201 Old Cottage Drive
Granger, IN 46530

Please note you must live in the Michiana area. Members are eligible to submit only one application per year. You may combine receipts. Receipts submitted must be for the current calendar year.

There are a limited number of grants. All mini grant requests will be subject to approval by the Board. Grants will be awarded on a reimbursement basis only. If a family has more than one member with Down syndrome, they may apply for one grant for each person with Down syndrome. In the event a grant is not awarded, the request does not roll over to the next year.