



# Down Syndrome Association of Middle Tennessee

## Covid-19 Grant Application

Recognizing the burden that the pandemic has been to some of our DSAMT families, DSAMT specifically designed the COVID-19 Grant to help individuals with Down syndrome and their families who have an immediate, tangible financial need as a direct result of the COVID-19 pandemic and are unable to obtain timely help through other social service channels. Examples of permissible grant uses include: medicine, heating bills, water bills, food needs associated with illness and/or loss of employment or reduced hours of employment. The amount available will depend on DSAMT's available funds and severity of need but will not exceed \$500 per family. The application must be completed in its entirety, and funds will only be paid directly to the vendor.

**Applicants must meet the following basic criteria** -Individual with Down syndrome (any age) in the household, residing in the DSAMT TN service area: 40 counties in Middle Tennessee that include: Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, Dekalb, Dickson, Fentress, Franklin, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, and Wilson counties.

### Annual Maximum:

The maximum scholarship per individual family per fiscal year is \$500. DSAMT 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 DSAMT Board of Directors.

### Application Process:

- 1) Requestor must complete the DSAMT Covid Grant application.
- 2) Requestor must submit in writing their specific needs, amount needed for each item, and why it is needed. If the requestor has an outstanding bill, payments will be made to provider only. If the application is submitted without all information, the application will be considered incomplete and will not be processed.
- 3) If a bill is needing paid, please provide a copy of the actual bill that is needing paid.
- 4) Print the application, complete and mail or email the application along with the statement, or any other necessary requirements to the following address: DSAMT 1310 Central Court; Hermitage, TN 37076. Or email to [tammy@somethingextra.org](mailto:tammy@somethingextra.org).

### Awarding funds:

After an application is approved by the DSAMT Board of Directors, payment will be processed as quickly as possible. Once you have received notification, you may contact your service provider to notify them of pending payment from DSAMT, if necessary. If the application is denied, a brief explanation will be included in the written notification.

### Requests may be denied for the following reasons:

- 1) Requestor has already been awarded the annual maximum of \$500.
- 2) Service is not classified as an approved expense
- 3) Applicant resides outside the DSAMT service area

4) Crisis Grant funds have been exhausted for the current fiscal year.

Please email [tammy@somethingextra.org](mailto:tammy@somethingextra.org) if you have any questions.



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of Middle Tennessee

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Please print clearly

Your Name: \_\_\_\_\_  
Name of Individual with Down syndrome: \_\_\_\_\_ Their Date of Birth \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy  
Relationship to individual with DS \_\_\_\_\_  
Street Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Purpose of Requested Funding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly explain need for the Covid-19 Grant and how it will impact the person with Down syndrome:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If grant is requested due to loss of employment or reduced hours of employment because of Covid-19, please answer the following questions:

Place of Employment: \_\_\_\_\_ Date of unemployment: \_\_\_\_\_  
Date hours were reduced: \_\_\_\_\_ How many hours do you work weekly: \_\_\_\_\_ Do you receive unemployment: \_\_\_\_\_ Amount of weekly unemployment: \_\_\_\_\_

Date of expense: From \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy To: \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy

\*please attach copy of receipt to application if a payment is being sent to a provider.

Due date for payment \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy

Please list all expenses being applied for on a separate sheet of paper.

Have you requested funds previously? \_\_\_\_\_ If yes, when: \_\_\_/\_\_\_/\_\_\_ mm/dd/yyyy

Parent/Guardian Signature \_\_\_\_\_

Mail completed form and all requirements to:

DSAMT  
1310 Central Court  
Hermitage, TN 37076

OR

Email to [tammy@somethingextra.org](mailto:tammy@somethingextra.org)