



Grant Guidelines

DREAM is a nonprofit family support group. The mission of DREAM is to increase the acceptance, understanding, and quality of life of individuals with Down syndrome in Montana through support, education, and advocacy. We want to ensure that all people with Down syndrome have happy and productive lives and are fully included in the community.

In support of our mission statement our goals include:

- Providing support and information for families having a child with Down syndrome. (New Parent Packet & Support group meetings)
- Promoting awareness, understanding, and acceptance of individuals with Down syndrome in the community. (Annual Bozeman Buddy Walk)
- Providing medical and therapeutic equipment for individuals with Down syndrome. (Grant program)
- Providing funding for medical expenses for individuals with Down syndrome. (Grant program)
- Supporting continuing education and recreational opportunities for individuals with Down syndrome. (The Bertelsen Award)
- Promoting research to enhance the quality of life for individuals with Down syndrome. (7% of Buddy Walk proceeds to National Down Syndrome Society)

As is evident in our goals above, we realize that people with Down syndrome often require extensive medical services and therapies. The DREAM grant program was developed to assist families and/or individuals with these costs.

1. Eligibility:

- a. Person for whom the funding is designated must have Down syndrome.
- b. Montana residents are eligible to apply for funding. Parents, guardians or caregivers may apply for funding for their children.
- c. Eligible expenses include medical expenses and equipment, therapeutic services and equipment, adaptive equipment, and travel (i.e. lodging, airfare, mileage) expenses related to hospital visits. Expenses must have been accrued within the last twelve months. All expenses must be documented and not covered by insurance or any other funding source. Insurance premiums are not eligible.

2. Amount/Limit:

- a. TBD based on Buddy Walk donations
- b. Funding will be based on need, availability of funds, and first come, first serve basis.
- c. Payment will be either reimbursement with proof of payment or paid directly to the provider of the service or item being purchased.
- d. Therapies: \$1,000 annual max, \$3,000 lifetime max

3. Application process and deadlines:

- a. Applicants must fill out DREAM grant application form and include documentation of all expenses from the provider. Please provide an insurance Explanation of Benefits (EOB) **and** a billing statement, if applicable.
- b. Your application will be presented to the DREAM board anonymously (name, address, etc. will be omitted) and all information on your application will remain confidential.
- c. Applications should be mailed to:
 - DREAM
 - PO Box 6051
 - Bozeman, MT 59771
- d. Applications will be reviewed by the DREAM board of directors three times per year (the third Sundays of October, January, and April) and a board member will contact you after the meeting.
- e. DREAM reserves the right to change the terms of this grant program at any time.

Please contact one of the board members listed on the “Contacts” portion of our website if you have any questions.