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Description automatically generated **A Bounce Forward Support Application**

With generous support from our donors, *A Bounce Forward* nonprofit charity and *Our Local Experts* created this new fund to help individuals with Down Syndrome, especially during this crisis. The *A Bounce Forward* Support Program is committed to helping, supporting, providing care & needs, services, education, equipment, programs, and opportunities.

Applicants must be an individual with Down Syndrome living in Central PA. Supports are awarded on a first-come, first-served basis and limited to one per individual per calendar year. When completing the application, please answer all questions as thoroughly as possible. If unsure how to answer a question, or one does not apply to you, please indicate this in the space provided.

To apply for support from *A Bounce Forward*, submit an online application at [www.ABounceForward.org/](http://www.ABounceForward.org/DSGrantApp) or complete it on paper and send to this address:

*A Bounce Forward*

c/o Harmony’s Heroes

5600 Plainview Road, Suite B

Harrisburg, PA 17111

Upon receipt of your completed application, we will review and decide whether we are able to approve your request. We will contact you with the status of your application as soon as reasonably possible. Unfortunately, we are unable to approve all requests.

Thank you in advance for your application.

*A Bounce Forward*

*\*Denotes required item*

**\*Date Form Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Name of individual with Down Syndrome: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Name of Guardian: First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Addt’l Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**

**\*Phone Number Cell Phone or Additional Number**

**\_\_\_\_-\_\_\_\_-\_\_\_\_\_ \_\_\_\_-\_\_\_\_-\_\_\_\_\_**

**\*Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_**

**\*Funding amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Date Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*One-time request or ongoing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If approved, funds will go directly to the source of support, i.e. program, entity selling equipment. Please provide information for this source:**

**\*Payee Name or Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Payee Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Payee Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Addt’l: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Payee Phone Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_**

**Purpose of Request:** Briefly describe what the funds will be used for and how they will support the individual with Down Syndrome.

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**How will you measure success?** Briefly describe what your expectations are for this support or service and how you will measure its success.

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**We ask all those receiving grants to consider sharing the results and specific examples of its impact. Can you share this in an accurate, timely and complete basis?  Yes  No**

**Specific to the support you ask for, please identify any other existing funding sources, past or present, including those you may be currently soliciting funding from:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**May *A Bounce Forward* and/or its designees make unannounced visits and observe programs?**

**Yes  No Please list restrictions, if any:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are the methods used in this program widely accepted in the field or world of Down Syndrome as successful?  Yes  No**

**Please list any therapists, programs, organizations, etc. you have worked with to help us expand our reach for support.** Please include name, phone #, email, and/or website.

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**If you are approved for this funding from A Bounce Forward, will you provide us with information such as budget updates and an accurate, timely and full accounting of how our contributions have been used, including supporting documentation?  Yes  No**

By signing below, I declare that the statements made in this application and all accompanying materials are true and complete to the best of my knowledge and belief. I understand that in the event any information is found to be intentionally falsified, I will be disqualified from consideration for funds from *A Bounce Forward (ABF) Support Fund*. By submitting my application, I am giving the *A Bounce Forward* *(ABF)* nonprofit charity and *Our Local Experts (OLE)* permission to use any statements included in this application and agree to be part of the ABF & OLE Community.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant or Designee/Date**