2015 Agency/School Grant Application Guidelines

All grants must work to further our mission to empower individuals and families touched by autism spectrum disorders through support and education. Requests can include, but are not limited to sensory equipment, ipads/cases, or social groups. Requests must also meet the following criteria:

- Agencies and organized groups are eligible to apply for a grant for up to $1,000. Applications from For Profit companies will not be considered.
- Funds must directly benefit people with autism, but can be used to assist groups with other disabilities as long as the group includes autism.
- Grants must be used for direct program costs. Administrative expenses are not included.
- Applications must include quotes, documentation and receipts as appropriate.
- Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants. It reserves the right to choose agencies that embrace our Mission Statement. It also reserves the right to deny a grant application or provide partial funding.
- Recipients are asked to provide feedback to Autism Alliance of Northeastern NY; we would like a summary of how the funds impacted the program.
- Preference may be given to those that have not previously received funding from Autism Alliance of Northeastern NY.
- Applicants must provide service within Clinton, Essex, or Franklin Counties.
- Applicants must allow Autism Alliance of Northeastern New York to publicize award.

Send completed application postmarked on or before November 1, 2015 to:

Autism Alliance of Northeastern NY
Attn: Grants
P.O. Box 1884
Plattsburgh, NY 12901

2015 Agency/School Grant Application

Organization's Name: _____

Contact Person and Title: _____

Phone Number: _____

Email: _____

Street Address: _____

City, State, Zip: _____

Project Name (if applicable): _____

Project Budget: $ _____

Total Amount Requested: $ _____

(attach itemized request)

Is your organization a 501(c)(3) not-for-profit organization? ☐ Yes (please include) ☐ No

Have you previously applied for a grant from Autism Alliance of Northeastern New York? ☐ Yes ☐ No

Was it approved? ☐ Yes ☐ No If yes, what for? _____

Grant Proposal (include overall goals and objectives, how many people will benefit, how they will benefit, how this project furthers our mission, etc.) Please provide summary and attach additional sheets if needed:

_____

_____

_____

_____

_____

_____

_____

How will this grant empower individuals and families touched by autism spectrum disorders through education and support?

If not approved will you move forward with this project? Explain..

Will you seek funding from other organizations? Which ones?

Do you have plans for the project beyond this year?

How did you learn about the grant?

What is the geographical area you will serve?

Applicant Signature: _____ Title: _____

Printed Name: _____ Date: _____

Please email any questions to grants@aaneny.org