



2017 Individual Grant Guidelines

All grants for individuals must work to further our mission to empower individuals and families touched by Autism Spectrum Disorders through support and education. They must also meet the following criteria:

- ❖ Individuals are eligible to apply for funds up to \$300. However, Autism Alliance of Northeastern NY reserves the right to offer funds at a portion of the request.
- ❖ Funds must directly benefit people with Autism. Funds should be used for caring, supporting and/or promoting social interaction (to include, but not limited to sensory and adaptive equipment, iPad or similar device communication apps, scholarships to YMCA, art class, or organized activity). Justification for requested funds must be provided by a professional in the field of Autism.
- ❖ Applications must include quotes, documentation, and receipts as appropriate.
- ❖ All requests will be reviewed by the Grant Committee and approved by the Board of Directors.
- ❖ Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants. It reserves the right to choose individuals that embrace our Mission Statement. It also reserves the right to deny a grant application.
- ❖ Autism Alliance of Northeastern NY will only reimburse a previous purchase or pay the vendor directly.
- ❖ Recipients are asked to provide feedback to Autism Alliance of Northeastern NY; feedback should include a summary of how the funds impacted the individual with Autism.
- ❖ Preference will be given to residents of Clinton, Essex and Franklin Counties as well as to individuals that have not previously received funding from Autism Alliance of Northeastern NY.

Send completed application postmarked on or before November 15, 2017 to:

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

Please email the Grant Committee with any questions at grants@aaneny.org.



2017 Individual Grant Application

Applicant Name: _____ **Age:** _____

Address: _____

Phone Number: _____ **Email:** _____

Contact Person: _____ **Relationship to Applicant:** _____

Household Composition (Name, age, relationship):

Household Income (Salary, Alimony, Child Support, SSI, Public Assistance):

Have you previously received a grant? If yes, what? _____

I verify that all information provided in this application is true and accurate. I understand that any falsification would disqualify this application. I give permission to the above stated professionals to share information in regards to diagnosis and ability to benefit from funds requested.

Signature: _____ **Date:** _____

I authorize Autism Alliance of Northeastern NY to publicize first name and first initial of last name of the recipient. (Optional does not impact decision)

Signature: _____ **Date:** _____

For Official Use Only
Application # _____



2017 Individual Grant Application

Professional providing Diagnosis

Name: _____ Profession: _____

Address: _____

Phone Number: _____ Email: _____

Professional providing Recommendation

Name: _____ Profession: _____

Address: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

Please describe the nature of the request. How would it empower the individual?

Does the individual already have access to a similar experience?

For Official Use Only

Application # _____

Review Date _____