



2017 GRANT APPLICATION

NEOAG's Grant Program provides schools and organizations additional funding to assist with the needs of children and adults with autism (i.e. tuition assistance, assistive technology, program development, computer software, etc.).

Applications must come from administrators or teachers for schools, programs or organizations.

Please completely review the following information:

Applications must be postmarked by **January 15, 2018** to be considered for this year's Grant Program.

Criteria:

- All money awarded must be used to assist children and/or adults with an official diagnosis that falls under the category of Autism Spectrum/PDD that reside in the northeast Ohio area.
- All money will be paid directly to the school or organization requesting the funds.
- Grants will be awarded within 4 weeks of the deadline date.
- **Grant requests are not to exceed \$500.**

Guidelines for submission:

1. **You must submit two (2) copies** of this application and all supporting documentation when applying.
Applications are not accepted online.
2. If you are requesting actual items, you need to submit a copy of the item (such as a photocopy of software from a catalog) with pricing, including any discounts you may receive or special prices. Please include the company name, item number and how it will better the life of the recipient.
3. You must use all funds awarded to you within six months of the date of receipt. If not, funds must be returned to NEOAG.
4. You are required to have the administrator or head of organization sign the application indicating they have reviewed and approve the request.
5. If approved, you are required to file a brief follow-up report when the project is completed, including copies of paid receipts.

Please mail applications to:
Northeast Ohio Autism Group
PO Box 244

Gates Mills, OH 44040

If you have questions, call 440.488.3473



2017 GRANT APPLICATION FORM

The information you provide in this application form is confidential. It will be reviewed by NEOAG Board/Advisory committee members only and used for determining your eligibility to receive funding through NEOAG's Grant Program. NEOAG does not endorse any of the products, interventions or therapies for which we provide funding.

NAME OF SCHOOL OR ORGANIZATION: _____

YOUR NAME: _____ TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

EMAIL: _____

SCHOOL OR ORGANIZATION ADMINISTRATOR: _____ PHONE: _____

FUNDING REQUEST: _____ DATE SUBMITTED: _____

Information about your needs for funding and how receiving the grant would better the life of the recipient:

Outline of funding request: Total \$_____ (please be specific and include all costs)

Details regarding funding request (specific name, item number, cost, etc.):

Is this a new venture or an expansion of an existing program? (please explain)

Tell us more regarding your classroom or organization:

If the money is awarded, what is the timeline for implementation?

Briefly describe both the immediate and long term results anticipated from this grant?

How do you plan to continue the program or supply materials after the grant runs out?

If NEOAG provided only a portion of your request, would you still be able to follow through with your plan?
(please explain)

I have reviewed the above application and agree that the organization is in need of the monies requested.

Signature of Administrator _____ Date: _____