

ANSWERS FOR AUTISM GRANT APPLICATION

Grant Application

Grant Chairperson – Sally Reed Crawford

Please complete all four sections of the grant application.

Download the resource: Answers for Autism Guidance in Writing Grant Proposals

All proposals must align with Answers for Autism Mission Statement:

Answers for Autism awards grants to programs that allow individuals with autism to safely participate in activities that promote the skills needed to be a valued member of their community.

Grant Applications will be considered based on the following qualities: alignment to mission statement, needs addressed, sustainability, projected outcomes, project design, project evaluation plan, and the relationship between benefits and costs.

REVIEW AND SUBMIT

The deadline for submitting proposals is March 15th (Spring Cycle) and October 15th (Fall Cycle) of each year. Late applications will not be considered. The Grant Review Committee will review requests and a Recommendation Report submitted to the Board of Directors for their approval by the following May 15th and December 15th. Applicants will be notified shortly thereafter of the status of their request. During the review process, applicants may be contacted to provide further information

Although the grant application must be completed online for review, you can download a paper copy of it here for reference as you prepare for completing the full application online: Downloadable Grant Application- Answers for Autism.

If mailing copies, please submit seven copies of the proposal to:

Answers for Autism

6525 East 82nd Street, Suite 210-L

Indianapolis, IN 46250

I. Contact Information:

Organization Name:

If submitting on behalf of School Corporation, identify school (s) to receive the grant:

Contact Person:

Street Address:

City:

County/ies:

State:

Zip Code:

Phone:

E-mail:

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II. Project/Funding Information:

A. Title of Project:

B. 501(c)3

C. Have you ever applied for a grant from Answers for Autism before?

Yes

No

D. If your organization has received a grant from Answers for Autism, please describe the impact (changes) that occurred because of the award:

E. How many individuals with autism will the project benefit?

F. What are the ages of the individuals with autism your project will benefit?

G. Total cost of project:

H. Amount of funding being requested: (maximum \$3,000)

I. Please identify other grants pending or received for this project (include source of grant and relevant details):

III. ADDITIONAL INFORMATION/FILE UPLOADS

A. DESCRIPTION (The what)

Please include the following information:

- A brief description of your proposed project (no more than one page please)
- Describe how your proposal aligns with Answers for Autism Mission

Description file upload

B. NEED (The why your proposal is needed in your community):

Please include the following information

- identify gaps in your current program delivery for your community

The Needs file upload

C. PROJECTED OUTCOMES (The result)

Please include the following information

- The specific outcomes (impact of activities)
- Purpose of proposal
- What has been implemented in the past that resulted in challenges and gaps in achieving the outcomes
- Identify why you decided on this outcome for your proposal (reference best practices, current research)
- How will the community benefit from this project/program? (What will be different?)

Projected outcomes file upload

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D. PROJECT IMPLEMENTATION DESIGN (The how)

Please include the following information

- Describe what the activities of your proposal (how will you accomplish your objectives?)
- Timetable/work plan for implementation of the project (initiation date – end date)
- Description of the participant selection process

Project design upload

E. PROJECT EVALUATION PLAN (The measures)

- Identify specific strategies for achieving project outcomes (how will you measure your activity success – what information will you gather, when will you gather it, who will gather it, and how will you use it?)

Project evaluation plan file upload

F. QUALIFICATIONS

Please include the following information

- Description of applicant qualifications to administer the project (Why should Answers for Autism award a grant to your organization/program)
- Staff expertise and training that enhance the implementation of your project

Qualifications file upload

G. BUDGET

Please include the following information

- Line items budget for the requested amount
- Align line items to outcomes/goals
- A narrative explaining the use of funds and how estimates were determined
- Listing of all officers and the Board of Directors of your organization
- How will this program/project be sustained after the grant funds are exhausted

Budget file upload

H. DISSEMINATION: ACKNOWLEDGEMENT OF ANSWERS FOR AUTISM FOR MAKING YOUR PROPOSAL A REALITY IN YOUR COMMUNITY

Please include the following information

How will you acknowledge Answers for Autism when you share the results of this project with others?

Dissemination and acknowledgement file upload

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I. SUSTAINABILITY

Please include the following information

- What is your plan to continue this project after Answers for Autism Grant funds run out

Sustainability file upload

J. I will share outcome achievement to Answers for Autism in the following way on the date of:

Share outcome with A 4 A file upload

IV. REVIEW AND SUBMIT

- Review your proposal and ensure each section provides the requested information
- The deadline for submitting proposals is March 15th (Spring Cycle) and October 15th (Fall Cycle) of each year. Late applications will not be considered. The Grant Review Committee will review requests and a Recommendation Report submitted to the Board of Directors for their approval by the following May 15th and December 15th. Applicants will be notified shortly thereafter of the status of their request. During the review process, applicants may be contacted to provide further information

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Indianapolis, IN 46250

Signature of President/Director of Organization:

Application Date: