



**2020 Community Grant  
to address Social, Recreational, and Skill-building for Adults on the Spectrum  
Grant Application Guidelines  
Grant Open: January 15 - February 15**

Autism Alliance of Northeastern NY will provide grant funding for **up to \$250** to agencies, businesses, organized groups or individuals. Grants must be used to provide social/recreational/skill-building opportunities for adults with autism. All grants must work to further our mission to empower those touched by autism spectrum disorders through support and education.

Requests must meet the following criteria:

- ❖ Funds must directly benefit adults with autism, but can be used to assist groups with other disabilities as long as the group includes autism.
- ❖ Requests must include how funds granted will be used to provide social/recreational/skill-building opportunities for adults with ASD. Grant recipients must agree to provide at least **three offerings** in a four-month period.
- ❖ Grants must be used for direct program costs, (i.e., the cost of materials needed to run the group). Administrative expenses such as paying employee/s or self or renting space cannot be included. If you will charge participants a fee for attending, state what that fee will be.
- ❖ Applications must include itemized estimates for materials and must include an outline indicating when (dates, times) and where (venue) classes will be offered. If awarded a grant, you will be asked to provide us a flyer advertising the offerings with the following statement: "Sponsored by Autism Alliance of Northeastern NY".

In addition, please be aware of the following:

- ❖ Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants. We reserve the right to choose recipients that embrace our Mission Statement. We also reserve 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 your program. We may ask that participants complete a survey regarding how we may further serve their interests.
- ❖ 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.

**All applications must be mailed and postmarked on or before February 15, 2020 to:** Autism Alliance of Northeastern NY, Attn: Grants, P.O. Box 1884, Plattsburgh, NY 12901



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Organization Name: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Project name (if applicable): \_\_\_\_\_

Project Budget: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

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 NY?  Yes  No

Was it approved?  Yes  No

If yes, what for? \_\_\_\_\_

If no, why not? \_\_\_\_\_

How did you hear of this grant? \_\_\_\_\_

Please, provide a summary of your Grant Proposal including overall goals and objectives (short term and long term), how many people will benefit, how they will benefit, how this project furthers our mission, etc. Attach additional sheets if needed.

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How will this grant embrace our mission of empowering adults touched by autism spectrum disorders through support and education?

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If the grant is denied or funded in part, will you move forward with this project? Will you seek funding from other organizations? If so, which ones?

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Do you have plans for the project beyond this grant cycle?

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What is the geographical area you serve?

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**By signing below, I certify that all information is true and correct to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Please email any questions to [grants@aaneny.org](mailto:grants@aaneny.org)*