



## 2020 Agency/School Grant Application Guidelines

Open September 15 – October 15

Autism Alliance of Northeastern NY will provide grants to agencies, schools, and organized groups. 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 the purchase of sensory equipment, technology, curriculum, or materials needed for social groups.

Requests must meet the following criteria:

- Funds must directly benefit people with autism, but can be used to assist groups with other disabilities as long as the group includes autism.
- Applications must include quotes and documentation as appropriate.
- Requested funds must not exceed \$1,000.
- All quotes must be used for direct program costs. Administrative expenses will not be funded.
- Applicants must provide service within Clinton, Essex, or Franklin Counties.
- Applicants must allow Autism Alliance of Northeastern NY to publicize the award.

In addition, please be aware of the following:

- Recipients will be asked to complete a survey, via phone or email, approximately 3 months after the endowment is received. The survey will provide feedback to Autism Alliance of Northeastern NY so that we may determine how the funds impacted our community.
- Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants. We reserve the right to choose agencies that embrace our Mission Statement. We also reserve the right to deny a grant application or provide partial funding.
- Preference may be given to those that have not previously received funding from Autism Alliance of Northeastern NY.
- Applications from non-profit organizations will be given priority.
- Late and/or incomplete applications may not be considered.
- Grant applications will be considered only after the grant period closes. The review process may take several weeks beyond that date. You will receive a phone call and/or a letter with a decision. If you have any questions, please contact [grants@aaneny.org](mailto:grants@aaneny.org).

**Completed applications should be emailed to [grants@aaneny.org](mailto:grants@aaneny.org).**

If necessary, applications may be mailed, provided that they are postmarked on/before October 15, 2020. Mail to:  
Autism Alliance of Northeastern NY - Attn: Grants  
P.O. Box 1884  
Plattsburgh, NY 12901



## 2020 Agency/School Grant Application

Agency/Organization Name: \_\_\_\_\_

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

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

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

Geographical area served: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

How did you learn about this grant? \_\_\_\_\_

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

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

Total Amount Requested (attach itemized request): \$ \_\_\_\_\_

Have you previously applied for a grant from Autism Alliance of Northeastern NY?  Yes  No

If yes, what was the result? \_\_\_\_\_

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 the mission of empowering individuals and families 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? Explain. Will you seek funding from other organizations? If so, which organizations?

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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)*