2021 Individual Grant Guidelines

Open January 15 - February 15

Autism Alliance of Northeastern NY will provide grants to individuals for amounts up to $300 for goods and services. All grants must work to further our mission to empower individuals and families touched by autism spectrum disorders through support and education.

Requests must meet the following criteria:

- Funds must directly benefit an individual with autism. Funds should be used for caring, supporting and/or promoting social interaction (to include, but not limited to sensory and adaptive equipment, scholarships to health clubs, art classes, or organized activity). **Justification for requested funds must be provided by an appropriate professional. For example, sensory equipment must be justified by an OT, swim equipment must be justified by swim instructor, etc.**
- Proof of household income must be provided via copy of 2019 or 2020 Federal Tax Return (first 2 pages only).
- Applications must be completed in entirety. Late and/or incomplete applications may be denied.

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 the individual with Autism.
- Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants. We reserve the right to choose individuals that embrace our Mission Statement. We reserve the right to deny funding, or to provide partial funding.
- Autism Alliance of Northeastern NY will NOT reimburse a previous purchase.
- 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.
- The grant process may take several weeks. You will receive an email with a decision. If you have any questions, please contact grants@aaneny.org.

Income Requirements (2021)	
Household Size*	**Maximum Gross Annual Income**
1	**$40,593**
2	**$54,958**
3	**$69,323**
4	**$83,688**
5	**$98,053**
6	**$112,418**
7	**$126,783**
8	**$141,148**

*For households with more than eight people, add **$14,365** per additional person.

Completed applications and supporting documentation should be emailed to grants@aaneny.org.

If necessary, applications and documentation may be mailed if they are postmarked on/before February 15, 2021.
Mail to: Autism Alliance of Northeastern NY - Attn: Grants
P.O. Box 1884
Plattsburgh, NY 12901

2021 Individual Grant Application

Applicant Name: _____Age: _____

Address: _____

Phone Number: _____ Email: _____

Contact Person: _____Relationship to Applicant: _____

Household Composition (Name, age, relationship):

_____

_____

_____

Annual Household Income (Please provide proof of income. Examples include: 2019 or 2020 Federal Tax Returns (first 2 pages only), 2019 W-2, SSA award letter, etc.):

_____

_____

Have you previously received a grant from Autism Alliance of Northeastern NY? 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 stated professionals to share information in regard 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 #_____

2021 Individual Grant Application

Professional providing proof of Diagnosis

Name: _____Profession: _____

Address: _____

Phone Number: _____ Email: _____

*** MUST provide proof of diagnosis. Examples include a copy of a developmental evaluation from a qualified professional, letter from physician, IEP showing classification, etc.**

Professional providing Recommendation (Ex: SLP, OT, PT, BCBA)

Name: _____Profession: _____

Address: _____

Phone Number: _____ Email: _____

Signature: _____Date: _____

*** Must provide justification from an *appropriate* professional. For example, sensory items must be justified by an OT, swim equipment must be justified by swim instructor, etc.**

Please describe the nature of the request. How would it empower the individual? Attach additional sheets if necessary. Include quotes and/or pictures of the desired item if appropriate.

_____

_____

_____

_____

_____

_____

Does the individual already have access to a similar experience?

_____

_____

_____

For Official Use Only
Application #_____
Review Date _____