



Individual Grant Guidelines

Autism Alliance of Northeastern NY will provide small grants of up to \$300 to individuals with autism spectrum disorder. Grants are to be used for caring, supporting, and/or promoting social interaction (ex: sensory and adaptive equipment, scholarships to health clubs, art classes, or organized activity). Please be aware that funds are limited. We ask that you practice a sense of community by asking for only what you need, so that we may serve as many people as possible.

Requirements:

- Funds must directly benefit an individual with autism residing in Clinton, Essex, and Franklin County, NY. Please provide proof of diagnosis (examples include a letter from physician, IEP showing classification, etc.)
- Applicant's household income must be within the guidelines on the following page. If there are extenuating circumstances, please include this information with your application.
- 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 your most recent Federal Income Tax Return (first 2 pages only), W-2, SSA award letter or other documentation.
- Applications must be complete. Late and/or incomplete applications may be denied.

In addition, please be aware of the following:

- Preference will be given to individuals that have not previously received funding from Autism Alliance of Northeastern NY.
- Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants; we reserve the right to deny funding or to provide partial funding.
- Autism Alliance of Northeastern NY will not reimburse a previous purchase.
- 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 or 518-354-7000.



Income Requirements (rev. 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. Alternatively, applications and documentation may be mailed to:

Autism Alliance of Northeastern NY
Attn: Grants
P.O. Box 1884
Plattsburgh, NY 12901



Individual Grant Application

Applicant Name: _____ Age: _____

Address: _____

Phone Number: _____ Email: _____

Contact Person: _____ Relationship to Applicant: _____

Household Composition (Name, age, relationship), including Applicant:

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

\$ _____

Please describe the grant request here and how it will help the individual with autism. Attach additional sheets if necessary. If applicable, include quotes and/or pictures of the desired item.

Requested Grant Amount:

\$ _____



Does the individual already have access to a similar experience?

Have you previously received a grant from Autism Alliance of Northeastern NY? If yes, please provide details.

If the grant is denied, will you seek funding elsewhere? Please give details.

Is there anything else you would like us to know?

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 regarding diagnosis and ability to benefit from funds requested.

Signature: _____ Date: _____

Please check for completeness before submitting your application. Thank you!

- Proof of Diagnosis
- Proof of Income
- Letter of Justification from appropriate professional
- Complete all sections
- Signature

For Official Use Only

Application # _____

Review Date _____