



## Agency/School Grant Guidelines

Autism Alliance of Northeastern NY will provide small grants of up to \$500 to agencies, schools, and organized groups. All grants must work to further our mission to empower individuals and families touched by autism spectrum disorder 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.
- Applications must include quotes and documentation as appropriate.
- Requested funds must not exceed \$500.
- All quotes must be used for direct program costs. Administrative expenses will not be funded.
- Applicants must provide service within Clinton, Essex, or Franklin County.
- Applicants must allow Autism Alliance of Northeastern NY to publicize the award.

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 agencies that embrace our mission. 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.
- The review process may take several weeks. You will receive an email with a decision. If you have any questions, please contact us [grants@aaneny.org](mailto:grants@aaneny.org) or 518-354-7000.

Completed applications should be emailed to [grants@aaneny.org](mailto:grants@aaneny.org). Alternatively, applications may be mailed to:

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



## Agency/School Grant Application

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

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

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

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

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

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

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

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

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

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

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

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

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

If yes, please provide details.

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If the grant is denied or funded in part, will you move forward with this project? Please explain.

Will you seek funding from other organizations? If so, which organizations?

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