

Mini-Grant Application

Deadline: *The completed application must be emailed OR postmarked by 11:59pm November 4, 2016.
 Proposals submitted after that date will not be eligible for funding.*

NOTE: To be eligible for a Mini-Grant, you must be a member of the Autism Society Acadiana or become a member at the time of submission. Preference will be given to those applicants who are members in good standing before applying for grant funds. Your funding request should fall into the \$100-500 range, but no single application request may exceed \$1,000. The Autism Society of Acadiana reserves the right to award a smaller grant amount than what was requested, based on available funds. By submitting this application, you indicate that you have read and understood, and have agreed to the Mini-Grant Guidelines published on the Autism Society Acadiana website (www.AcadianaAutism.org) and included with this application.

Please complete the following & include with your application:

<i>Name of Applicant:</i>		
<i>Are you a member of The Autism Society of Acadiana?</i>	Yes _____ If so, when did you join? _____	No _____ (A completed application must be included with your application.)
<i>Name of the school for which you are applying:</i>		
<i>School's Mailing Address:</i>		
<i>Applicant's Daytime Phone Number:</i>		
<i>Applicant's Evening Phone Number:</i>		
<i>Applicant's Email Address:</i>		
<i>School Principal or District Supervisor:</i>		
<i>School Principal's or District Supervisor's Phone Number:</i>		
<i>School Principal's or District Supervisor's Email Address:</i>		

The Principal or District Supervisor must sign below to indicate that he/she supports the proposed project and agrees to allocate any awarded grant funds as outlined in this project. Applications submitted without signature will not be eligible for review or funding.

Signature

Date

Grant Application

Please answer the following questions about your proposed project as fully as possible. You may enter your answers the electronic version of this application to complete your project proposal. If you have received a paper copy of this application, please type your answers on a separate sheet(s) of 8 X 11 paper. Please include the question number with your answer.

Your responses to these questions will be read and reviewed by a committee of Autism Society Acadiana members who are parents of children with autism and/or professionals, and will be used to determine grant fund allocation. Thank you for your time and your interest!

1. **In 200 words or less**, please give a brief overview of your proposed project. What is the goal of your project? Is this a new project or have you or someone else implemented this project before? What were the results?

2. Please tell us about the students who will participate in your proposed project.

a How many students with autism will participate in this project?

b How many other students will also participate, if any?

3. How will your students with autism benefit from this project? What outcomes do you expect to see?

