

Autism Society of Iowa
Summer Programming Grant Application

Amount: \$250-\$600

Application must be postmarked by May 15

Grant Check awarded: May 31

Purpose: To encourage existing community recreation and leisure programs to include individuals within the autism spectrum by providing financial support to develop successful **integration** opportunities.

The grant application will be evaluated by a committee based on the following criterion:

- 1.) Social Intent: Does the grant application reflect **integrated** recreation, leisure, and social experiences?
- 2.) Accommodation: Does the grant identify how the individual with Autism Spectrum Disorder will be accommodated within the **integrated** setting?
- 3.) Staff Ratio: Is the ratio of adults to persons with Autism Spectrum Disorder specified?
- 4.) Use of Funds: Does the grant application specify how the funds will be distributed to support the identified individuals with Autism Spectrum Disorder?
- 5.) Promotion of Program: Does the grant application describe a plan for advertisement in the community?
- 6.) Number of individuals served: Does the grant application identify potential number of individuals with Autism Spectrum Disorder served?
- 7.) Success Measured: Does the grant application describe a process to measure the benefits of those served?

Name of Agency/Organization: _____

Address: _____

Phone/Fax: _____

Contact Person: _____

Is the Agency/Organization a 501(c)3? _____ EIN Number ____ - _____

Please attach written documentation for the following questions:

- 1.) Describe the program, including provision of integrated recreation, leisure, & social experiences.
- 2.) Who is currently served? (ages, geographic boundaries, etc.)
- 3.) Describe anticipated accommodation plan/technical assistance.
- 4.) How many persons with autism would be served? (minimum/maximum)
- 5.) What agency (or persons) with knowledge of autism will consult in the development and implementation of your program plan? (e.g. Autism Resource Teams, LEA Autism Specialist, The Homestead, Woodward Resource Center, etc.)
- 6.) Identify possible matching grant sources (financial or in-kind)
- 7.) How will grant funds be used? (Staff development, additional staff, equipment, etc.) What amount of grant funding are you requesting from the Autism Society of Iowa?
- 8.) How will program availability be promoted and advertised?
- 9.) How will you measure the success of the program?

Please return or email documentation by May 15 to:

ASI, 4549 Waterford Drive, West Des Moines, IA 50265

E-mail autism50ia@aol.com

1-888-722-4799 or 515-327-9075