

2017 Autism Society of Iowa
Grant Application

Amount: \$500.00

Application must be postmarked by March 15, 2017

Grant Check awarded: April 15, 2017

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 or to establish a new program to teach skills to those with autism.

The grant committee will evaluate the application based on the following criteria:

- 1.) Social Intent: Does the grant application reflect integrated recreation, leisure, and social experiences or does it explain how skills will be introduced and taught?
- 2.) Accomodation: Does the grant identify how the individual with Autism Spectrum Disorder will be accommodated within the 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 March 15, 2017 to:

Address: Autism Society of Iowa, 4549 Waterford Drive, West Des Moines, IA 50265

Email: autism50ia@aol.com

Questions? Please contact the Autism Society of Iowa at 515-327-9075