



2018 Grant Application

913-706-0042 | info@asaheartland.org
www.asaheartland.org

Thank you for your interest in applying for a grant from the Autism Society – The Heartland, a nonprofit 501(c)3 foundation created to help improve the lives of individuals with autism and their families.

A Grant committee made up from the Board of Directors will review and provide grants to individuals with autism in accordance with our guidelines and policies

- Applications are reviewed and grants are awarded three times a year. They will be accepted year-round; however they will be reviewed during the months of **January, May and September**. You will receive notification of the committee’s decision the following month that the applications are reviewed. Notification will be sent via email to the person nominating the applicant.
- **Who is eligible for funding** - must be a current ASH Member (Kansas/Missouri), applicant must provide proof of ASD Diagnosis, and applicant must present evidence of volunteering time or services for the past 12 months for at least 6 hours- at and Autism Society the Heartland event, fundraiser, support group.
- **What type of services does the grant fund** - Therapy services (including, but not limited to Speech, ABA, and OT or PT) Social skills groups, camps, family education training including conferences and assistive or security devices. Communication devices, assistive technology, college programs and or training for adults on the spectrum.
- **ASH does not provide funds for the following** - Other 501c3 groups, fundraisers, swing sets, trampolines, clothing, household bills/utilities, day care, groceries, vacations or medical diagnosis

Grants that are awarded will be paid to the provider directly. Maximum amount that can be requested is \$500. There is no guarantee applicant will receive the full amount applied for.

If applying for a camp grant, please plan for out of pocket down payment. Do not wait on a grant payment to reserve your child’s spot at camp.

ASH will only pay a grant to one provider, not multiple providers. If requesting funds for multiple items the review committee will only award one grant per applicant.

For privacy reasons, please MAIL your completed application and all supporting materials to:

**Autism Society – The Heartland
Attn: Grant Committee
PO Box 4455
Olathe, KS 66063-4455**

FOR OFFICE USE ONLY
Date Received _____

Applicant ID# _____

Applicant Information	
Name (First, MI, Last)	
Date of Birth	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
Diagnostic/Identification Information	Diagnosis/Identification: _____ Date of Diagnosis: _____ <input type="checkbox"/> Copy of Diagnostic Report (one page is ok,) Included with the application, or <input type="checkbox"/> Copy of Individualized Education Plan
Caregiver Information (if applicable)	
Caregiver A	
Name (First, MI, Last)	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	

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Caregiver B	
Name (First, MI, Last)	
Street Address	
City, State, Zip Code	
Phone Number	
Email Address	
Information on Individual Making the Referral	
Name (First, MI, Last)	
Relationship to Applicant	
Reason for Referral	

Applicant/Caregiver Financial Information	
Please select your current Annual Household Income:	<input type="checkbox"/> Under \$30,000 <input type="checkbox"/> \$30,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> \$75,000 - \$100,000 <input type="checkbox"/> \$100,000 and above
How many dependents does the applicant or caregiver have?	
Funding Request Information	
What is this Funding	<input type="checkbox"/> Assessment or Treatment Services: Applied Behavior Analysis,

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Request for?	<p>Occupational Therapy, Physical Therapy, Speech Language Services, etc</p> <p><input type="checkbox"/> Equipment: Wheelchairs, Assistive Technology Equipment, Speech Devices, Hearing Aids, etc.</p> <p><input type="checkbox"/> Activities/Services: Summer Camp, Leisure Activities, etc.</p> <p><input type="checkbox"/> Other: _____</p>
If services are requested, the service provider has been informed of this grant application.	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Does the Applicant currently <u>receive/participate</u> in the requested services, or have access to the request equipment?	<p><input type="checkbox"/> Yes. If Yes, why are grant funds being requested? _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No</p>
Does the Applicant currently <u>receive funding</u> for the requested services or equipment from another source?	<p><input type="checkbox"/> Yes. If yes, explain past and present support (include amount of financial support and when support will expire; along with the name of the organization that provided assistance): _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No</p>
Does the Applicant have insurance to cover the requested services/equipment?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Has the Applicant applied for funding from ASH in the past?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Has the Applicant received funding from ASH in the	<p><input type="checkbox"/> Yes If yes, when _____</p>

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