

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, Sate, Zip Code	
Phone Number	
Email Address	
Diagnostic/Identification Information	Diagnosis/Identification: Date of Diagnosis: Copy of Diagnostic Report (one page is ok,)Included with the application, or Copy of Individualized Education Plan
Caregiver Information (if applicable)	
Caregiver A	
Name (First, MI, Last)	
Street Address	
City, Sate, Zip Code	
Phone Number	
Email Address	
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Caregiver B	
Name (First, MI, Last)	
Street Address	
City, Sate, 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:	□Under \$30,000 □\$30,000 - \$49,999 □\$50,000 - \$74,999 □\$75,000 - \$100,000 □\$100,000 and above
How many dependents does the applicant or caregiver have?	
Funding Request Information	
What is this Funding	☐Assessment or Treatment Services: Applied Behavior Analysis,
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Request for?	Occupational Therapy, Physical Therapy, Speech Language Services, etc
	□Equipment: Wheelchairs, Assistive Technology Equipment, Speech Devices, Hearing Aids, etc.
	□Activities/Services: Summer Camp, Leisure Activities, etc.
	□Other:
If services are requested, the service provider has been informed of this grant application.	□Yes □No
Does the Applicant currently receive/participate in the requested services, or have access to the request equipment?	□Yes. If Yes, why are grant funds being requested? □No
	□NO
Does the Applicant currently receive funding for the requested services or equipment from another source?	□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): □No
Does the Applicant have insurance to cover the requested services/equipment?	□Yes □No
Has the Applicant applied for funding from ASH in the past?	□Yes □No
Has the Applicant received funding from ASH in the	□Yes If yes, when
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past?	□No

Funding Request Information continued. PLEASE PRINT-
Please provide information about the services or equipment that are requested. Provide information about exactly what is being requested (the service or the equipment), the dollar amount that is requested, the applicable dates of service or purchase, and the service provider/retailer (Please provide this information in the space below or on a separate piece of paper submitted with the application in 350 words or less). PLEASE PRINT
☐ A formal quote of service is included on provider's letterhead; detailing costs and availability of services (if services are requested).
\Box A formal cost quote is included on retailer's letterhead; detailing costs and availability of equipment (if equipment is requested).
FOR OFFICE USE ONLY Date Received Applicant ID#



the space below or on a separate	nation about why the grant is needed (Please provide this information in piece of paper submitted with the application in 200 words or less).
PLEASE PRINT	
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in the previous 12 months	vith Autism Society the Heartland for 2017-2018 - You must have at least 6 hour
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Please tell us about the applicant. Tell us how the services or equipment will help to improve the applicant's daily life, how the services or equipment will help the long term outlook of the applicant and/or how the services or equipment will affect the family's quality of life.
Also consider providing information about the personality traits, prognosis in therapy, treatment history and treatment goals of the applicant. Please tell us why this is important to everyone involved. (Please provide this information in the space below or on a separate piece of paper submitted with the application in 500 words or less.) PLEASE PRINT
FOR OFFICE USE ONLY Date Received Applicant ID#

