



For office use only:

Date received: _____
 Total request: _____
 School: _____
 Approved: _____
 Denied: _____

2010 GRANT APPLICATION

Please mail 2 copies to the Johnson County Autism Support Group, Inc., 609 Treybourne Drive, Suite D, Greenwood, IN 46142 or e-mail as an attachment to sheila@jcasg.org by December 15, 2009. JCASG will contact you via email to confirm they have received your application. If you do not receive a confirmation please contact Sheila at the above address.

Upon receipt, applications will be reviewed by the President and Vice President of JCASG. Qualified requests will then be presented to the Board of Directors for approval. Letters will be sent to applicants in February 2010.

**** Handwritten applications will not be accepted. ****

Project Title: _____

Project director: _____ Project Director Home Address: _____

Position: _____

School: _____

School address: _____ Home Phone No. _____

School phone & voice mail: _____ E-mail address: _____

 Signature of project director

 Signature of principal or other designated school administrator

Part I. Project title: _____

Total amount requested: _____

Part II. Summary of Request: Describe who, what, where and when of the project. Describe the overall purpose of the project and how and why it will benefit students with autism.

Who will benefit: _____

Describe project: _____

Where will project take place: _____

Time frame/duration of project: _____

How will this project benefit students with autism: _____

Part III. Budget:

Item (attach description and picture)	Cost	Good	Better	Best

Are there additional funds or donations available? _____

If yes, please list: _____