



For office use only:

Date received: \_\_\_\_\_  
Total request: \_\_\_\_\_  
School: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Denied: \_\_\_\_\_

<b>2007 GRANT APPLICATION</b>
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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  
[president@jcasg.org](mailto:president@jcasg.org) by December 15, 2007.

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 2008.

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

