

PARENTS OF CHILDREN ON THE AUTISM SPECTRUM!!!!!!

Below and attached please find a copy of the ASCONN application for funding for families who have children on the Autism spectrum. This funding is for up to \$1000 for initiatives to address safety issues for your autistic child/children. Examples of how this money can be spent are given below. How appropriate that we will be addressing safety and children with disabilities at our next North Star meeting! If you need help filling out the application or have any questions about the program, feel free to call Sara Reed (contact info below). I would be happy to help you with any of the "easy" questions!

Cathy Adamczyk
North Star
860-869-6021

ASCONN
(Autism Society of Connecticut)
2007 GRANT APPLICATION

Attention parents and others who serve persons with autism in Connecticut, the Board of Directors of the Autism Society of Connecticut (ASCONN) is accepting applications for grants up to \$1,000.00 per grant for parents, family members, persons with autism, or anyone working with persons on the autism spectrum. Funds must be used to purchase items or services that directly relate to the safety and security of persons with autism or their families within Connecticut. Examples of appropriate items, activities or services include:

- Purchasing of safety equipment for a home (i.e.: fence, key locks, window alarms and other safety equipment)
- Purchasing of safety equipment for a person with autism (i.e.: ID bracelet, tracking bracelet or equipment);
- Purchasing of safety equipment for other community places serving persons with autism (i.e.: fence, key locks, alarms, walkie-talkies, other safety equipment);
- Purchasing of specialty car seats, strollers, head gear and other equipment;
- Training of personnel (within the home or other community places serving persons with autism) in proper physical management techniques;
- Training of community responders about autism.

TO APPLY FOR A GRANT

Fill out the application providing complete and specific information including:

1. A full description of the item or activity you wish to have funded. Requests that are not specific will not be funded. If possible, attach photographs, brochures, catalog descriptions, course or seminar descriptions. Please indicate whether this is a new item or repair or retrofit of an existing item.
2. An explanation of how your request will directly benefit a person with autism or their family within Connecticut.
3. The total cost for the activity or service. If the total cost is greater than the grant being requested, please also include a description of other funding sources and whether that funding has been secured.
4. Whether the person requesting the grant or the recipient of the services are members of ASCONN.

ADDITIONAL INFORMATION

Please note that ASCONN will either pay the grant monies directly to the provider of the service or item or will require verification of expenditures through receipts before reimbursement. No more than one grant application will be accepted from an individual applicant or family. Grant recipients agree to provide ASCONN with follow up information regarding the services or items purchased with grant monies upon request.

AUTISM SOCIETY OF CONNECTICUT

GRANT APPLICATION 2007

Please print clearly. Attach no more than a one page description of how your request will directly benefit persons with autism or their families in Connecticut.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

e-mail: _____

Are you a

family member of a person with autism

therapist

person with autism

other _____

If you are serving persons with autism:

Name of organization, agency or program: _____

Address: _____

Amount Requested: \$ _____ (\$1,000 maximum)

Are you a member of ASCONN? _____

Please attach a one page description of how the funds will be used and how that will directly benefit or impact persons with autism within Connecticut or their families. Please also attach any brochures, catalogues or other descriptions of the items or services to be purchased. Please indicate whether the grant request is for a new item, repair or retrofit of an existing item or reimbursement for an item previously purchased.

All applications must be RECEIVED by 5:00 p.m., June 1, 2007. Grants will be awarded on or about August 1, 2007. Recipients will be notified of grant approval in writing.

Mail completed applications to:

Autism Society of Connecticut

P O Box 1404

Guilford, CT 06437-1404

Attention: Mini Grant Program

Applications will NOT be accepted electronically.

Questions concerning this grant should be directed to Sara Reed, Mini-Grant Coordinator, at 888-453-4975 or 203-453-4975 or e-mail ASCONN@sbcglobal.net.

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