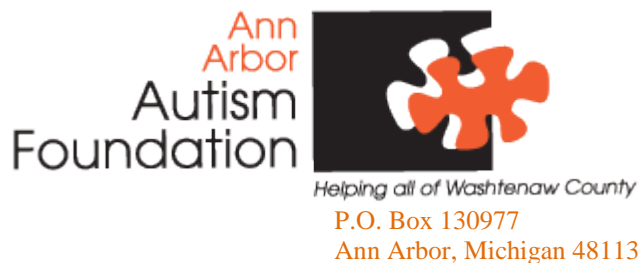


Grant Application: Project Funding



Date: _____

Name of Organization submitting proposal: _____

Coordinator/Contact Person: _____

Address: _____

Phone: (____) _____ e-mail: _____

Number of individuals with autism who will benefit from this project: _____

Total projected budget: \$ _____

Amount requested from the Ann Arbor Autism Foundation: \$ _____

Please attach separate pages to address the following questions and provide appropriate supporting materials:

1. Briefly describe the project, including the population to be served (age, gender, educational or socioeconomic factors, etc.)
2. Describe how your project supports/advances the mission of the Ann Arbor Autism Foundation.
3. Describe other funding sources you have explored and how you plan to sustain this project in the long term.
4. Describe your plans to evaluate your project.
5. Attach a complete budget for your project, including all sources of revenue, fees for services and/or in-kind contributions.

Supporting Material:

- List of your organization's Board of Directors
- Non-profit tax ID number and IRS letter of determination, if applicable
- Organization mission, annual report, etc.

Questions may be addressed to the Grants committee: awards@annarborautism.org