

Autism Society of Central Wisconsin Grant Program

Thank you for your inquiry about the ASCW Grant Program. The Autism Society of Central Wisconsin Grant Program is intended to support children and adult individuals with Autism Spectrum Disorder by providing funding assistance for extraordinary expenses resulting from or attributed to ASD. This grant program is a funding source of last resort and intended to be short term and supply a specific immediate need, and not to replace a program or funding from other sources such as government(s), school(s), and insurance. Priority may be given to those families/individuals who have not received funding in previous years. This is a need based program. If you have health insurance, you may still apply for a grant.

Grant Requirements and Eligibility:

1. All ages are eligible to apply.
2. Need must be related to an Autism Spectrum Disorder.
3. You must be a WI resident and reside in the ASCW coverage area, which includes these counties: Marathon, Clark, Forest, Langlade, Lincoln, Oneida, Portage, Price, Taylor, and Wood.
4. **Applicant or family must be a member of the Autism Society of Central Wisconsin.** If you are not currently a member, you can become a member by visiting: www.asw4autism.org/become-member.html and following the directions for becoming a member.
5. A family or person with ASD may receive one grant per year, for a maximum of \$500 per applicant/ family per calendar year. Applications must be submitted via mail including supporting documents for services or equipment that you are requesting, along with the provider's address & contact number.
6. Grants will only be considered if the application is fully completed and all requested information is provided.
7. To download a ASCW Grant Application form, from ASCW, visit http://www.asw4autism.org/pdf/Central_Grant_Guidelines_and_Application.pdf
8. All grants are reviewed and granted at the discretion of the ASCW Board.
9. All grant requests must be received prior to deadline. Grants will be given on a quarterly basis and will be issued at the end of the following months - March, June, September and December. Once all applications for the quarter are received and reviewed, all applicants will be contacted regarding their individual grant status.

Grants Accepted: (Jan, Feb, & March) notified at the end of March
 (April, May, & June) notified at the end of June
 (July, Aug, & Sept) notified at the end of September
 (Oct, Nov, & Dec) notified at the end of December

Any information received by the ASCW Grant Program is kept strictly confidential, subject to any disclosures required by local, state, or federal law.

Please email autismsocietycw@gmail.com with questions.

Autism Society of Central Wisconsin Grant Program Application

1. Full Name _____ Date _____

2. Address _____ Apt # _____

City	State	Zip	County
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3. Phone (____) _____ Email Address _____

4. Applicant Name _____ Diagnosis _____

5. Applicant Age _____

6. Amount Requested: \$ _____

7. How did you hear about our Grant Program? _____

8. Please provide a brief description of applicant, why you are requesting this grant and how this grant will be used to benefit the individual: _____

9. Provider/Vendor/Items Information being requested by grant (Please, note provider/request cannot be changed once grant has been submitted:

Provider Name: _____ Email: _____

Treatment/Item: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Treatment type/Item(s) and description:

Families or person with ASD may submit one application per year, for a maximum of \$500 per applicant/ family per calendar year. Applications must be submitted via mail, in one envelope, including supporting documents for services or equipment that you are requesting, along with the provider's address & contact number.

Send to:

**Autism Society of Central Wisconsin
PO BOX 1832
Wausau, WI 54402
Attn: ASCW Grant Program**

I certify that:

1. I have read and understand the guidelines of the ASCW Grant Program.
2. The information contained in this application is true and correct to the best of my knowledge.
3. I agree to cooperate with the Board of Directors regarding this grant application and provide additional information if required.
4. The grant guidelines are not contractual and the Board of Directors has sole discretion over the operation of the ASCW Grant Program.
5. The funds received will be used as outlined in this application and not for any purpose that would jeopardize the 501c3 status of ASCW.
6. If you are awarded an ASCW grant, the funds are submitted directly to the provider, vendor or organization listed on the grant application, **not the family**. We CANNOT reimburse families for expenses already incurred.

Applicant(s)

Date

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