

Thank you for your inquiry about the Autism Society of Central Wisconsin (ASCW) Grant Program. This grant program is intended to support children and adult individuals with Autism by providing funding assistance for extraordinary expenses resulting from or attributed to Autism. The Autism Society of Central Wisconsin believes that every individual and family is unique. You have the right to learn about all services and then select what you feel is the most appropriate for you. Approval of a grant request does not indicate endorsement of any practitioner, service, or intervention by ASCW.

ASCW has made grants available for qualifying members to purchase goods and services pertaining to the individual with an autism spectrum disorder. Funds may be used for such things as: interventions and services, safety items: fencing or alarm systems, equipment that will be used in the home setting, cost towards conference fees or hotel if attending a conference related to Autism resources or services that are available.

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. If you have health insurance or your child is on the CLTS waiver, you may still apply for a grant. Priority may be given to those families/individuals who have not received funding in previous years. This is a need based program.

Instructions regarding grant requirements and eligibility are below.

Grant Requirements and Eligibility:

- All ages are eligible to apply.
- Need must be related to an Autism diagnosis.
- You must be a WI resident and reside in the ASCW coverage area, which includes these counties: Clark, Forest, Langlade, Lincoln, Oneida, Portage, Price, Taylor, Vilas, and Wood.
- **Applicant or family must be an active member of the Autism Society of Central Wisconsin.** If you are not currently a member, you can become a member by visiting: <https://www.autismgreaterwi.org/become-a-member/> and following the directions for becoming a member.
- A family or person with Autism may receive one grant per year, for a maximum of \$500 per applicant/family per calendar year. Applications must be submitted via mail or email including supporting documents for services or equipment that you are requesting, along with the provider's address and contact number.
- Grants will only be considered if the application is fully completed and all requested information is provided.
- To download the ASCW Grant Application form, from ASCW, visit under "Grant Program":
<https://www.autismgreaterwi.org/centralwi/>
- All grants are reviewed and granted at the discretion of the ASCW Board.

- All grant requests must be received prior to the 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.

Applications must be received by:	Grants will be paid per Quarter
January 31st	March
April 30th	June
July 31st	September
October 31st	December

I certify that:

- I have read and understand the guidelines of the ASCW Grant Program.
- The information contained in this application is true and correct to the best of my knowledge.
- I agree to cooperate with the Board of Directors regarding this grant application and provide additional information if required.
- The grant guidelines are not contractual and the Board of Directors has sole discretion over the operation of the ASCW Grant Program.
- ASCW will not be held liable for any injury related to the event, transportation to, use, or installation error of equipment purchased through the grant.
- The funds received will be used as outlined in this application and not for any purpose that would jeopardize the 501c3 status of ASCW.
- 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.

Signature: _____

Printed Name: _____

Date: _____

Provider/Vendor/Item Information

Please note the provider/request **cannot** be changed, once grant has been submitted.

Name: _____ Email: _____
Treatment/Item: _____ Phone: _____
Address: _____ C
ity: _____ State: _____ Zip: _____

If this application leads to a grant, I understand that false or misleading information in my application may result in losing my grant. **I also understand that the funds I receive may be less than I applied for.**

If your grant **is** approved, you can begin using the funds by contacting your provider. All funds will be sent directly to that provider. Funds are never given directly to applicants and funds can never be cashed out from the provider to the family. Funds are **non transferable**, and can **ONLY** be used for providers listed on application.

If you are unable to use the funds, checks must be sent back to ASCW, and will be used for another individual. ASCW reserves the right to approve or deny any applications based on decisions by the board of directors. I understand that submitting this application is no guarantee I will receive a grant. Some of the reasons your grant may be denied include: lack of funds, incomplete information on your application (applications must be completed **in full along with all supporting information**), applying outside of the grant acceptance periods, other applicants were in greater need, or you did not fit the criteria for a grant at this time.

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

I certify that I understand the terms of this grant, and that my answers are true and complete to the best of my knowledge.

Signature: _____
Printed Name: _____
Date: _____

If you have any questions regarding the grant application process, please do not hesitate to contact us by emailing: autismsocietycw@gmail.com.

Please return completed pages 2,3 and 4 of the application to:

Email to: austimsocietycw@gmail.com

OR

Mail to: Autism Society of Central Wisconsin
P.O. Box 1832
Wausau, WI 54402
Attn: ASCW Grant Program