



AUTISM SOCIETY OF THE QUAD CITIES FUNDING APPLICATION FORM

Only one application can be submitted in a single calendar year.

Origin and Purpose: Founded in 1974, the Autism Society of the Quad Cities (ASQC) is one of 240 chapters in 50 states of the Autism Society of America. ASQC is a nonprofit charitable corporation comprised of families and individuals diagnosed within the autism spectrum and professionals interested in supporting and educating others about these ever more common developmental disorders. ASQC has limited funds received from donations available to area non-profit organizations and individuals seeking assistance in coping with and learning to better treat these disorders.

Our primary mission is to assist the Quad Cities Community to develop and maintain lifelong access and opportunities for persons within the autism spectrum and their families, to be fully included, participating members of the greater Quad Cities Community through advocacy, public awareness, and education.

Restriction: ASQC will make grants only to non-profit organizations or individuals with activities, facilities, training, education and other programs designed to advance or support the general welfare of persons with autism and their caregivers, or otherwise within the charitable purposes of ASQC.

Grants are not awarded in the following areas: annual fund raising, organizational endowment funds, deficit financing, or for sectarian purposes. The amounts of grants are within the sole discretion of the ASQC Board of Directors and may be of any amount but are generally limited to \$1000 per calendar year. Stipends to individuals will generally not exceed \$200 per calendar year but may exceed that amount in the discretion of the ASQC Board of Directors

Procedures: Applications are received at any time (only one application per calendar year). When a grant / stipend check is cashed, the organization / individual is obligated to use it for the purposes stated in the application. Funding recipients are required to file periodic written reports every 6 months describing the use of the funds and a final report after the project/program is completed with an accounting of how the grant funds were used. We may also require that you report in person to the ASQC Board of Directors. The grantee agrees that ASQC may withhold or recover grant funds in case such funds are, or appear to be, misused.

Autism Society of the Quad Cities

PO Box 472

Bettendorf, IA 52722

www.autismqc.org

Autism Society of the Quad Cities
2005 APPLICATION FOR FUNDS

1. Is this grant / stipend being requested on behalf of an organization or an individual? : _____
Name of organization / Individual: _____
2. Is this your first application to ASQC? Yes No
3. Please list years and granting organizations of grants / stipends received in the last five years for projects/programs related to Autism.
 - a. _____
 - b. _____
 - c. _____
4. Federal ID number (EIN or TIN): _____
5. Are you a 501(c)(3) tax-exempt organization? Yes No (Include the IRS 501(c)(3) tax-exempt letter unless previously submitted.)
6. Project or title of event for which the funding is requested: _____
7. Is this a new project? Yes No
8. Is this an enhancement/expansion/continuation of a project? Yes No (If Yes, please list the project here)
9. Amount requested: _____ Total cost of the project / event: _____
10. Description of project (use additional sheets if necessary):

11. What is the benefit for those affected with autism?

12. Number of people being served? _____
13. Amount of Annual Operating Budget if an organization: _____
 - a. Amount for this project/program _____
 - b. Primary source of funding: _____
 - c. Fiscal year: _____
14. Board of Directors/Trustees:

15. Additional information/Mission Statement:

1. If grant request is approved, you agree to provide reports/ briefings for the Board of Directors of the ASQC on the use of the funds, as described in the above instructions, and the authority of ASQC to withhold or recover grant funds misused ?

Signature of Authorized Person

Title

16. Contact person and title / relationship: _____

17. Address: _____
City State Zip

18. Telephone: _____ Date submitted: _____

19. Email: _____

Individuals only:

Reason for funding request:

Have you ever volunteered for an event or fundraiser for the Autism Society of the Quad Cities?

Are you willing to volunteer for events or fundraisers for the ASQC in the future?

What do you consider fair and reasonable with respect to volunteering to assist in the future?

What is the age (ages) of the person(s) affected with Autism?

If grant request is approved, do you agree to provide reports/ briefings for the Board of Directors of the ASQC on the use of the funds, as described in the above instructions, and the authority of ASQC to withhold or recover grant funds misused ?