AUTISM SOCIETY OF THE QUAD CITIES GRANT APPLICATION

Organization nan	ne:			
Address		City	State	Zip Code
				
Contact Name	Phone Number	e-ma	ail address	
Amount Request	ed:			
Project Description	on:			
How will this pro	ject benefit persons with au	itism and/or their i	caregivers	?
TIOW WIII CHIS PLO	jeet benefit persons with de	tion and or their t	caregivers	•
Description of or	ganization:			
Please attach:				
	your organization's 501 (c)	3 IRS determination	n letter as	a tax-exempt
organizat		Divoctore		
	our organization's Board of ge description of your reque		١	
□ A Ulle-pa	se description of your reque	ist fulls is optional	J	