



**PEORIA REGIONAL CHAPTER
AUTISM SOCIETY OF AMERICA**
Serving the Tri-County Area

C/O Easter Seals
507 E. Armstrong Ave.
Peoria, IL 61603

Dear Grant Applicant,

Thank you for your interest in applying for a mini-grant from the Peoria Regional Chapter of the Autism Society of America. One of our goals is to provide support to those with Autism Spectrum Disorders whether it is at school, in the home, or in the community in the Tri-County area.

Our fundraising efforts and donations have allowed the PRC of ASA to help support organizations such as Advocates for Access, The Family Support Network, and the George and Lorraine Shadid Autism Resource Center. We have also been able to fund classroom mini-grants to allow educators to provide special projects for students with autism in the school environment.

Grant applications are being extended to families this year. If you have a need for special equipment, resources, or other items, please complete the application for review.

Grant applications will be reviewed in 4-6 weeks after receipt. Please contact us with any questions. We can be reached at www.info@autismpeoria.com.

We wish you the best of luck!

The Peoria Regional Chapter of the Autism Society of America

Lisa Gerontes-Bowe, President
Erynn Dykstra, Vice President
Donna Cady, Treasurer
Kristi Blumenshine, Secretary



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MINI GRANT APPLICATION

Name: _____

Title: _____

Contact numbers: Work: _____ Cell: _____

Email address: _____

Organization (if any): _____

Address: _____

City: _____ State: _____ Zip Code _____

Project Title: _____

Summary Statement (Give some background information about your project and what led to the need for it.)

Specific purpose of funds requested (What are the funds being requested for? How will this project benefit those with autism spectrum disorders?)

Project timetable (What is the estimated time that your project will take to develop and implement?)

Need for project (Why is this project needed? What will it provide for those with Autism Spectrum Disorders?)

Amount requested (How much will this project cost?)

Evaluation tools for effectiveness of grant (How will you evaluate the effectiveness of this project once it is implemented?)

Will the project take place with partial funding? (If this project cannot be totally funded by the PRC of ASA, can it take place with partial funding? What components would stay? What components would be eliminated?)

Budget (What items are needed for this project and how much will they cost?)

Recommended for full funding:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Recommended for partial funding:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Reviewed by:	_____	_____	_____	_____

NAME OF GRANT: _____

AMOUNT REQUESTED: _____

RECOMMENDED FOR: **FULL FUNDING** **PARTIAL FUNDING** **NO FUNDING**

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. The grant proposal clearly describes and demonstrates the need for the project.	1	2	3	4	5
2. The grant narrative and work statement are sufficiently detailed to determine that the project is based on the identified need described in the narrative.	1	2	3	4	5
3. The grant proposal describes specific and measurable goals and objectives.	1	2	3	4	5
4. The grant proposal will benefit more than one student in the autism spectrum.	1	2	3	4	5
5. The grant proposal demonstrates the objectives can be achieved within the indicated time frame.	1	2	3	4	5
6. The grant proposal describes by task the activities to be undertaken to achieve the goals.	1	2	3	4	5
7. The grant proposal describes methods to evaluate the success of the project.	1	2	3	4	5
8. The grant proposal sufficiently demonstrates that the proposed expenses are reasonable.	1	2	3	4	5
9. All program elements described in the proposal are itemized in the budget.	1	2	3	4	5

TOTAL POINTS: _____

GRAND TOTAL: _____