

BAILEY'S TEAM for AUTISM

Funding Application 2019-2020

“Good writing will not save bad ideas, but bad writing can kill good ones.” – Jacob Kraicer

Funding Request Submitted by: _____ Date: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Bailey's Team Board Member – Project Liaison (If applicable): _____

Project Name: _____ Amount Requested: _____

Area of focus (please check all that apply):

Research

Education & training

Family support and resources

Programming and recreation

Who will benefit from program (please check all that apply):

Child with autism (age 0 –3)

Child with autism (age 4 – 11)

Young adult with autism (age 12– 22)

Adult with autism – age 22+

Parents & other family members of a person with autism

Educators & other service people who support individuals with autism

Have you applied for a Bailey's Team grant before and, if so, when and for what project?:

Year: _____ Amount Requested: _____ Amount Received: _____

Project: _____

Year: _____ Amount Requested: _____ Amount Received: _____

Project: _____

Year: _____ Amount Requested: _____ Amount Received: _____

Project: _____

Describe your organization (200 word maximum):

Mission statement:

Activity/program to be funded (executive summary – 500 word maximum):

Budget narrative for how funds will be allocated (Use Budget Form Attached)*

**Remember to include other funding sources & dollar amounts*

Will this project take place without support from Bailey's Team? Yes_____

No_____

Please describe other funding sources:

Statement of work and plan for project execution:

Have you conducted a needs assessment? If so, please explain:

How will this grant impact the people who you serve?

How many people will be impacted by this project?

Timeline: [Actual time period of program implementation _____ to _____]

Narrative:

Intended outcomes and how will they be measured: