

Grant Application Form  
Greater Harrisburg Area Chapter - Autism Society of America

Name of Primary Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_  
Date application submitted \_\_\_\_\_ Project Dates \_\_\_\_\_  
Total Project Budget \_\_\_\_\_ Amount of this Request \_\_\_\_\_

Please briefly describe your project and why it is important?

How will this benefit the local autism community? (Please include at least one measurable objective.)

Based on the objective(s), what is your action plan to accomplish the goal? (Tell us who will do what, when, how, and what resources will be required. Also include a project budget that lists all sources of revenues, anticipated expenditures, and how GHASA funds will be used. Please detail all individuals/organizations that are partnering in the project.)

If this is a research project, what outcome measurements have you chosen? Please describe the methods and/or instruments that you will use for data collection. If you will not be completing a research project, what product or service will be provided? How will you know if you have accomplished your objectives and achieved your goal? (Grant recipients are expected to present project results to our membership at completion)

What are the long range outcomes from this project?

Have you looked at any other funding sources for your project? If so, what were they and why was funding denied?

Please list any other organizations that are also funding this project. Also, list any organizations that have previously provided you with funding.

Please list any other information that you feel important to the board.