



## **AIM to Help Grant Application**

AIM is a 501 (c) 3 non-profit organization whose mission is to enhance the lives of people with autism by connecting the autism community and providing education and resources to families, communities, and providers.

AIM provides funding for our program called AIM To Help which provides grants for Benton and Washington County families impacted by an Autism Spectrum Disorder.

The grants provide individuals on the Autism Spectrum with funding that may be used for a wide variety of supports and programs.

### **In order to qualify for a grant a recipient must:**

- Be diagnosed with an Autism Spectrum Disorder
- Reside in Benton or Washington county
- Not be on the Medicaid Waiver Program
- Provide supporting documentation for the diagnosis of Autism

### **Grant Amounts:**

Grants will range up to \$500

### **Grant Requests:**

Grants can be used to cover the costs of generally accepted autism treatments or equipment that are neither fully covered by insurance nor provided by school systems.

**Examples of possible uses for grant money:**

Social Skills Training	Education Books/Videos	Horseback Riding Lessons
Sensory Integration	Computer Software	Education Conference Fees
Vision Services	Swimming Lessons	Training Materials
Music Classes	Therapy Services	Sensory Equipment
Play Therapy		

**Grant Money will not be approved for the following:**

School Tuition

Electronics such as iPads, Kindle Fires, Tablets, and eReaders will not be approved for children under the age of 7 years old

**Application Process:**

To apply for funds please complete the enclosed application, supply the requested information, and return to the following address below:

AIM  
PO Box 866  
Bentonville, AR 72712

Notification of eligibility acceptance or denial will be made via email. Therefore a valid email address is required upon application.

**Application Deadline & Important Dates:**

<b>Application Deadline</b>	Postmarked by September 10, 2014
<b>Notification</b>	October 15, 2014
<b>Grant Pick Up</b>	November 20, 2014 6-8pm
	Location will be supplied within notification emails

**Application Instructions**

1. PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY
2. Complete Request Chart by listing the items, materials, activities, support, and/or services for which funds are requested. Please refer to examples of approved activities, supports and services. This list is NOT all-inclusive and is

to be used only as a point of reference for suggestions. Please remember that the total amount requested is not to exceed \$500.

3. Attach documentation stating the costs, For example: a conference brochure, copy of catalog item, camp brochure, flyer for services, quote on a company letterhead, invoice or program receipt. To expedite verification of requests please submit documentation on provider letterhead with contact information. ***\*Please highlight or circle the cost of the request on the documentation submitted\****
4. Please keep in mind that grants **range up to \$500** and the full \$500 might not be approved. For example: if you request multiple items, or items and services, AIM representatives reserve the right to approve only a portion of the requests.
5. If you wish to request funding for an activity, support or services that need to be paid for prior to AIM Grant Pick Up (November 20, 2014) you may consider paying up front and submitting a receipt for reimbursement. There is absolutely NO guarantee of approval and payment of your requests at the time of your application submission, therefore choosing to self-pay for an activity, service or support prior to the awarding of AIM Grants will be ***“at your own risk.”*** AIM accepts **NO** Liability or Responsibility for payment of services rendered for any applicant prior to the awarding of AIM Grants. In order for a reimbursement request to be considered, the following must accompany your application and other required information: **A copy of an itemized receipt or invoice stating the name of the provider and/or facility, services rendered, date of service, and amount of service.**

### **Required Documentation**

- Completed 3 page application
- Supporting documentation of costs of requested items, services, or supports
- Recommendation letter from a Therapist, Educator, or Direct Service Provider who is currently working with or seeing the applicant. Recommendation letter must include the following information:
  - Autism Diagnosis
  - Defined Need of Applicant
  - Benefits of requested item(s), service(s) or support(s) to the applicant
  - Signature along with their credentials

# 2014 AIM to Help Grant Application

<b>*First Name</b>	<b>*Last Name</b>	<b>For Office Use Only</b>
<b>*Mailing Address</b>	<b>*City, State, Zip Code</b>	<b>Postmark Date</b>
<b>*County</b>	<b>*Email Address</b>	<b>Application Complete</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>*Phone #</b>	<b>Alternate Phone #</b>	<b>Recommendation Letter</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>*Date of Birth</b>	<b>*Name of Parent/Guardian</b>	<input type="checkbox"/> Eligible <input type="checkbox"/> Pending
<b>*Name of Person Completing Application</b>	<b>*Relationship to Applicant</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

AIM requests permission to videotape and/or photograph you and/or your family during the time of Grant item(s) pick up to be used in connection with our website, social media, newspaper, television, or radio presentations. These programs and presentations are exclusive property of AIM and do not entitle any family member to compensation or remuneration for individual participation. Please agree by signing below.

**Signature:** \_\_\_\_\_

# AIM Grant Funding Chart

Requesting Activity, Support, Service (ex. camp, lessons, items)	Name & Address of provider if requesting activity, support or service.  Website if requesting items	Costs	For Office Use Only
Example: Social Skills Classes	ABC Therapy Clinic 123 Any Street Anytown, AR 12345	10 Classes \$50 per Class Total \$500	Funded _____ Not Funded _____
1			Funded _____ Not Funded _____
2			Funded _____ Not Funded _____
3			Funded _____ Not Funded _____
4			Funded _____ Not Funded _____
5			Funded _____ Not Funded _____
6			Funded _____ Not Funded _____
For Office Use Only		Total Amount Requested	