

## GRANTS FOR FAMILIES PAGE 1 OF 2

During this difficult economic time, South Norfolk County Arc (SNCARC) recognizes that for many families, the essential services of respite care and social skills programming for individuals diagnosed with an Autism Spectrum Disorder are not financially feasible. Thanks to a grant from **The Doug Flutie, Jr. Foundation for Autism**, SNCARC Family Autism Center will be offering mini-grant opportunities for families with a loved one diagnosed with an Autism Spectrum Disorder. The application form is on page 2 of this document.

These mini-grants will be awarded to families on a reimbursement basis specifically for respite services and/or social skills programming.

Below you will find the criteria for eligibility for the mini-grants. Please review the guidelines carefully to determine if your family is eligible to receive these funds.

### Criteria for funding:

- Child must be diagnosed with an Autism Spectrum Disorder
- Child **cannot** be eligible for DMR Family Support Funding (Autism Division eligible ONLY if eligibility has taken place through DMR)
- Child must be between the ages of 3-22
- Child must be living at home with their family (child cannot be living in a residential school setting, even if they are home on the weekends)
- Family must show financial need for the funding, including an overview of other related expenses associated with the child's diagnosis
- Funding will only be awarded to families for reimbursement of respite care and/or the cost of social skills programs.
- The attached application **MUST** be completed and submitted between the dates of February 1, 2009-February 28, 2009 with all relevant attachments. Incomplete applications cannot be accepted.
- Services need to be rendered between January 1, 2009 and December 31, 2009.

**THE DEADLINE FOR APPLYING FOR THESE FUNDS HAS BEEN EXTENDED! PLEASE FILL OUT THE APPLICATION AND MAIL IT TO FAMILY AUTISM CENTER BY MARCH 31, 2009 FOR REVIEW.**

All recipients will be notified through the mail by April 15, 2009. Enclosed in the letter awarding the funds will be instruction sheets and information on how to access funds. **The funds will be released on a reimbursement basis. This means that detailed receipts will have to be submitted in order to access the mini-grant.**

Mini-grants will be awarded in the amount of \$100-\$500. Please do not request an amount greater than \$500.

If you have any additional questions, please contact Betsy Roche at 781-762-4001 extension 310 or via email at [eroche@sncarc.org](mailto:eroche@sncarc.org).

**South Norfolk County Arc Family Autism Center**  
**Grant for Respite/Social Skills Application**  
**(A collaborative effort with The Doug Flutie, Jr. Foundation for Autism)**

**GRANT APPLICATION COVER SHEET**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Amount of funding requested: \_\_\_\_\_ Would you accept partial funding? Yes/No

Name of individual for whom the grant will be used: \_\_\_\_\_

Diagnosis of individual: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M/F Relationship to contact person: \_\_\_\_\_

What will the funds be used for (respite vs. social skills programming): \_\_\_\_\_

Current sources of assistance:

DMR \$ \_\_\_\_\_ SSI/SSDI \$ \_\_\_\_\_ Mass Health \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (Specify \_\_\_\_\_)

(Other includes in-home services provided by school system or other service vendor.)

**Priority will be given to those not receiving outside support & are in financial need.**

**YOU MUST ATTACH A WRITTEN PROPOSAL. PROPOSAL MUST ADDRESS THE FOLLOWING POINTS:**

**When applying for funding for respite:**

1. Detailed description of how funds will be used, include dates, times and location of when/where services will be rendered. (i.e.: During the summer vs. during the school year, in-home vs. community-based, after school vs. weekends)
2. Indicate why you feel you qualify. Please explain your financial need.

**When applying for funding for social skills programming:**

1. Detailed description of how funds will be used, include dates, times and location of when/where services will be rendered. (i.e.: During the summer vs. during the school year, name and address of program)
2. Literature/website address/brochure of program you wish to access services with this funding.
3. Indicate why you feel you qualify. Please explain your financial need.
4. Goals and objectives of the program.

\*\*\*PLEASE NOTE - THIS GRANT FOR RESPITE/SOCIAL SKILLS IS A COST-REIMBURSEMENT GRANT. FUNDING WILL ONLY BE GIVEN TO REIMBURSE FAMILIES FOR THE COST OF RESPITE OR SOCIAL SKILLS PROGRAMMING. \*\*\*