

AUTISM SOCIETY OF THE QUAD CITIES
GRANT APPLICATION

Organization name: _____

Address City State Zip Code

Contact Name Phone Number e-mail address

Amount Requested:

Project Description:

How will this project benefit persons with autism and/or their caregivers?

Description of organization:

Please attach:

- A copy of your organization's 501 (c) 3 IRS determination letter as a tax-exempt organization
- A list of your organization's Board of Directors
- A one-page description of your request (this is optional)