



C/O Easterseals  
507 E. Armstrong Ave.  
Peoria, IL 61603

Dear Grant Applicant,

Thank you for your interest in applying for a mini-grant from the Central Illinois Autism Association (CIAA). One of our goals is to provide support to those with Autism Spectrum Disorders whether it is at school, in the home, or in the community. We support Peoria and the surrounding counties.

Our fundraising efforts and donations have allowed CIAA to help support organizations such as Advocates for Access, The Family Support Network, and the George and Lorraine Shadid Autism Resource Center. We have also been able to fund classroom mini-grants to allow educators to provide special projects for students with autism in the school environment.

Grant applications are also available for families, teachers, therapists, and more! If you have a need for special equipment, resources, or other items, please complete the attached application for review.

Mini grants are available up to \$500.00 per year. Applications will be reviewed within 4-6 weeks after receipt. You will be contacted with an update on the status of your application.

\*Please note that grants can not be used for childcare, therapy that would cease after the grant runs out, or insurance premiums.

**Please contact us with any questions.  
We can be reached at [autismpeoria@gmail.com](mailto:autismpeoria@gmail.com)**

**Central Illinois Autism Association**

Katlyn Linsley, President  
Erin Faw, Vice President  
Holly Swearingian, Secretary  
Alyssa Herman, Treasurer

Lisa Gerontes-Bowe  
Crysta Smith  
Lynda Sharp-Lower  
Brittiany Stone

Pam Souter



**MINI GRANT APPLICATION**

**Name:** \_\_\_\_\_  
**Organization/Title (if any):** \_\_\_\_\_  
**Contact numbers: Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**How may we contact you for updates on your application?**

**Cell**       **Home**       **Work**       **Email**

**Project Title:** \_\_\_\_\_

**Summary Statement & Need for Project** (Give some background information about your project/need and tell us why it is needed? How will this help someone with Autism Spectrum Disorder?)

**Amount requested (maximum of \$500.00)** (How much will this project cost?)

**Specific purpose of funds requested** (What are the funds being requested for? How will this project benefit those with autism spectrum disorders?)

**Budget** (What items are needed for this project and how much will they cost?  
Please be as specific as possible)

**Will the project take place with partial funding?** (If this project cannot be totally funded by the CIAA, can it take place with partial funding? What components would stay? What components would be eliminated?)

**Project timetable** (What is the estimated time that your project will take to develop and implement?)

**Evaluation tools for effectiveness of grant** (How will you evaluate the effectiveness of this project once it is implemented?)

**By submitting this application, I agree to the terms and declarations below:**

- I acknowledge that this grant may be fully funded, partially funded, or declined based on approval criteria as established by CIAA.
- I declare that I have not applied for a grant for the above mentioned group/individual in the last calendar year.
- I declare that the requested funds will be used as described in the application above to serve someone affected by autism spectrum disorder and I understand that I may be asked to provide receipts and/or documentation at the request of the board.

Signature/e-signature \_\_\_\_\_ Date: \_\_\_\_\_

**Board Use Only**

**Application Status:** \_\_\_\_\_ Approved full amount \_\_\_\_\_ Approved partial amount  
\_\_\_\_\_ Tabled for further review \_\_\_\_\_ Declined

**Review Date:** \_\_\_\_\_

**Grant Contact Person:** \_\_\_\_\_