



Improving the Lives of All Affected by Autism

Hudson Valley

**30 Denver Road
Kingston, NY 12401
845-331-2626**

Email: hvalleyautism2@gmail.com

2014-2015 Universal Grant Application

- **Payments directly to provider - no reimbursements***
- **Provide proof of Diagnosis (Doctor's Note or OPWDD Statement)**

Reason for grant:

Resource _____ Conference _____ Other _____
Professional Continuing Ed* _____ (this is the **ONLY** reimbursable grant)

Name, mailing & email address, phone number, and county of applicant:

If not applicant - please state relationship: _____

How will this help the individual with ASD or help you in working/caring for individuals with Autism Spectrum Disorder:

Provider of Service: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Dollar Amount Requested: \$ _____

You must supply the following information: Name of Provider to be paid, address, phone number along with a copy of the UNPAID invoice or statement of services to be provided.

The Universal Application may be for the person with the Autism Spectrum Disorder, Parent, Professional or Caregiver and can be used for a variety of reasons, including but not limited to, health & safety concerns, therapies, social skill classes or recreational activities. These grants WILL NOT cover daily living expenses or household bills. Please contact your local social service office or other health & human service agencies, some of which may be found on our website.

Upon receipt of the completed application and required documentation*, Autism Society – Hudson Valley will notify you of your grant status. Please note that if your application is approved, payment will be made directly to the Provider.

Please note that this application will be denied without required documentation

ASA- Hudson Valley reserves the right to request additional information

Signature: _____ Date: _____

**Please mail completed application & required documentation to:
Autism Society - Hudson Valley
30 Denver Road
Kingston, NY 12401**

THIS SECTION ASA – HUDSON VALLEY, NY USE ONLY:

Date received: _____ Date reviewed: _____

Grant Request: Approved _____ Denied _____

Date Notified of Grant Status: _____ Notified by: mail/email/phone

Date check mailed: _____ Check # _____ Check Amount \$ _____

Grant Committee Member Signature: _____

Comments:
