

## ***AIM to Help 2013 Grant Program***

**AIM of NWA** is a 501(c) (3) non-profit organization dedicated to improving the quality of life for children and adults with special needs.

AIM provides funding for a program called **AIM to Help** which funds 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 - \$500.00.**

### **Grant requests:**

Grants are 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 of grant money:**

Social skills training	Educational Books/Videos	Horseback riding lessons
Sensory Integration	Computer software	Education conference fees
Vision services	Swimming lessons	Training Materials
Music classes/instruments	Therapy Services	Sensory Equipment

### **Application process:**

To apply for funds, please complete the enclosed application forms and return to:

**AIM of NWA  
16385 Armour Rd  
Springdale, AR 72764**

Once your application is received, it will be reviewed to determine if you meet the above guidelines. Grants will be issued by November 15, 2013. If your application is approved, we will mail you the AIM to Help grant for immediate use. If we cannot meet your request, you will receive a letter explaining the decision.

#### Deadlines for Grants

September 30, 2013

Deadline for all 2013 applications

October 31, 2013

All grants will be reviewed/ notified by this date

November 15, 2013

2013 Grants will be awarded by this date

January 31, 2014

Thank you letters for grants are due

#### Thank you notes:

We request that you send a note of thanks explaining how the funds were helpful to you. These notes are very important for us to let the organization and donors know how beneficial these funds are to families.

### APPLICATION DIRECTIONS

1. PLEASE PRINT LEGIBLY.
2. Complete **Funding Request** Chart by listing the activities, supports, 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 the total amount requested for activities, supports, and services is **not to exceed \$500**
3. Attach documentation stating the cost of the activity, support, and/or service for which funds are requested. For example: a conference brochure, copy of a catalog item, camp brochure, flyer, quote, invoice, or program receipt. To expedite verification of requests, please submit documentation on provider letterhead or with company logo and contact information. ***\*Please highlight or circle the cost of the request on the documentation submitted.\****
4. If you are requesting funding for an activity, support, or service that will need to be paid for prior to the awarding of the grant, (November 15, 2013), you may wish to consider paying up-front. There is absolutely no guarantee of approval and payment for 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 the grants will be done at your own risk. **AIM** accepts no liability or responsibility for payment of services rendered for any applicant prior to the awarding of the mini-grants. Upon approval, if you made up-front payments for requests submitted on your application, we will send you the necessary forms to request reimbursement. **A copy of an itemized receipt or invoice showing the name of the provider, the item or service provided, the date of service or date of purchase, as applicable, and the amount will be required for reimbursement.**
5. Submit verification of an ASD diagnosis by:

Attaching a copy (DO NOT SEND ORIGINALS) of a report from a licensed medical professional, such as a neurologist, developmental pediatrician, or Arkansas Licensed Psychologist or Psychiatrist confirming the individual has an ASD diagnosis.

**OR**

Attach an IEP from your school that includes a qualifying Autism Diagnosis **AND** a Recommendation letter from a Therapist, Educator or Service Provider stating the following:

- Defined Need of applicant
- Benefits of requested item(s) or service(s) to the recipient
- Signature along with their credentials/ position

**Attach a copy (DO NOT SEND ORIGINALS) of a report from a Licensed neurologist, Developmental pediatrician, or licensed psychologist or psychiatrist confirming that the individual has an ASD diagnosis. In an effort to minimize paper consumption, it is not necessary to send an entire evaluation.**

**We MUST have the following items:**

- 1. A cover sheet containing the demographic information of the individual with an ASD on the letterhead of the practice or diagnosing agency/medical professional.**
- 2. A diagnostic impression which clearly states the individual has a diagnosis of an ASD. You may, if you wish, highlight or circle the diagnosis.**
- 3. A signature of the licensed medical professional who determined the ASD diagnosis. (a copy of the signature is accepted)**

## 2013 "AIM to Help" Grant Application

Please write requested information within the boxed area.		
First Name:	Last Name:	FOR OFFICE USE ONLY:
Street Address:	City, State, Zip Code:	Date Postmarked:
County:		Application #:
Daytime Phone:	Evening Phone:	Initial of Last Name:
Email Address:		
<b>Name of family member diagnosed with an ASD:</b>	First Name:	Last Name:
	Family member's date of birth:	
Applicant's relationship to family member:	<input type="checkbox"/> Parent/Step-Parent	
	<input type="checkbox"/> Grandparent	FOR OFFICE USE ONLY:
	<input type="checkbox"/> Legal guardian or custodian	<input type="checkbox"/> Eligible <input type="checkbox"/> Pending
	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

## FUNDING REQUEST CHART

Eligible Activity/Support/Service (Camp, ABA Therapy, Horseback riding lessons, etc.)	Name and Address of Provider of Activity/Support/Service (Indicate to whom the check is to be made out.) or WEBSITE if it is an item to be ordered and item #	Cost of Activity/Support/Service (total may not exceed \$500)	FOR OFFICE USE ONLY
EXAMPLE: Social Skills/Manners Classes	ABC Academy 123 Any Street      Anywhere, AR 12345	10 classes @ \$60/class = \$600 total	Funded: <u>  X  </u> Not Funded: <u>    </u>
1.			Funded: <u>  </u> Not Funded: <u>    </u>
2.			Funded: <u>  </u> Not Funded: <u>    </u>
3.			Funded: <u>  </u> Not Funded: <u>    </u>
4.			Funded: <u>  </u> Not Funded: <u>    </u>
5.			Funded: <u>  </u> Not Funded: <u>    </u>
		TOTAL AMOUNT REQUESTED:	Not to exceed \$500

## Confirmation of Eligibility:

I agree and confirm that:

- ✓ I am a current resident of Benton or Washington County.
- ✓ I am currently the primary caregiver to a family member with an ASD who resides in my household within Benton or Washington County.
- ✓ I agree to waive, release and forever discharge the Autism Support Group of NWA (funding agent), their agents, representatives, and family members from any and all claims for damages to persons or property which may occur or be sustained during the course of, or arising out of, or in connection with this application or participation in the "AIM to Help" Mini-Grant Program.
- ✓ I certify that all the information given in this application and all documentation provided is true and correct. I understand that, if I am found eligible and I am approved, my grant may be terminated if I have made any material false or made incomplete statements in this application, either about myself or on behalf of the family member diagnosed with an ASD. I authorize verification of the information provided in this application. This permission will survive the expiration of my grant eligibility.

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Signature of Applicant/ Guardian

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Date

***PLEASE RETURN THE APPLICATION FORM TO:***  
**AIM of NWA**  
**16385 Armour Rd**  
**Springdale, AR 72764**

**Applications must be received no later than September 30, 2013**

Before you mail your application, please make sure you have included the following items listed in the checklist. **Please note that incomplete applications will not be reviewed.**

**AIM to Help Grant Checklist**

- \_\_\_\_\_ Complete Application
- \_\_\_\_\_ Diagnosis letter from Doctor/Verification of Diagnosis Form
- \_\_\_\_\_ Funding Request Chart/ Supporting Documentation

**Questions:**

Please email your questions to [paula@aimwalk.org](mailto:paula@aimwalk.org) if you have any questions regarding this application.