



APPLICATION

Welcome to the Teamsters Local 25 Autism Fund's Grant Application! Please read the application guidelines before applying. Feel free to contact us with any questions you may have during the application process at tdisilva@teamsterslocal25.com.

Organization Information

Organization Name:

Employer (Tax) ID #:

Are you a registered 501(c)(3)?

Address:

Address 2:

City:

State (U.S.):

Postal Code:

Geographic Area

Executive Director or Similar Title:

Contact Person other than ED:

Phone Number:

Email:

Amount of Request:



List any prior support received from the Teamsters Local 25 Autism Fund with amount(s) and year(s)

Funding Information: Please summarize your funding request in the space below. Be as specific as possible. The summary should be limited to two or three paragraphs and give an overview of how you propose to use the grant funds.

Background: Please include a brief description of your organization's history and mission.

Describe the work of your organization, including current programs and services provided, and number of full- and part-time staff.

List total amount of current Organizational Budget (expenses) for this fiscal year.

What percentage of your current budget is allocated to Administrative and Fundraising expenses?

Describe your organization's constituents including the total number served each year and breakdown by age groups and gender.



Will this funding be used for a specific event or program? If so, please describe.

What are your plans for fully funding and sustaining this program? Include other funding sources for the project along with in-kind donations. Also list other agencies or associations that you are working with on this project.

Measurable Results: How will you measure and monitor the impact of the program you are requesting funding for?

Is there anything else you would like us to know about your organization?