



Unity For Autism  
 P.O. Box 38066  
 550 Eglinton Ave. West,  
 Toronto, Ontario  
 M5N 3A6

<b>Unity for Autism Grant Application Form</b> (only organizations within Canada are eligible)	
In order to be a recipient, all monies given must go directly to fund a program offered to families affected by autism and who are waiting to access a specific service/support. We also require assurances from the organization that the family will not confront any barriers to access the program. Each organization must follow up shortly thereafter with a report of how the money was spent, how many persons benefited, and provide feedback of the program from the families themselves.	
Date of Application:	
<b><u>1. Demographic Details</u></b>	
Name of Organization:	
Address of Organization:	
Telephone Number (include extension of person filling out form): Fax Number:	
Contact Person:	E-mail Address:
Serving individuals since:	
Registered Name of Charitable Arm:	
Charitable Registration #:	Year number issued:
Geographical area that grant will serve:	

## **2. Profile of Organization**

Please provide a brief description of your organization:

How many paid staff does your organization have? (Include full time/part-time)

Do you have a dedicated fundraiser(s) on staff or on contract? If yes, how many?

Do you have any volunteer fundraisers, not including your Board? (Full time and/or event based)

How many total volunteers do you have and what type of volunteer opportunities do they get involved in?

What makes your organization unique?:

How many individuals do you provide direct service/assistance to yearly?

How many individuals with ASD do you reach yearly?

How many individuals with ASD do you provide one on one support to?

How many individuals with ASD do you provide workshops/conferences to annually?

What type of support/programs do you provide to individuals with ASD?

How do you make a profound impact on the development of an individual with ASD?

Are there any direct services that you provide to an individual with ASD without a fee charged? If yes, where does the source of revenue come from?

Are there any programs offered to individuals with ASD that is funded solely by fundraising dollars? If so describe the programs.

What are some of the measures you have taken to alleviate the wait list for your organization?

Have you waived your fees for a family who could not afford the costs of a program you offered? If yes, when and how many families?

What program/equipment/service would you like to provide to individuals with ASD but do not have the funding for?

**3. Financial Detail & Program Description**

Donation Amount Request:

Please provide a name for this project:

How will the donation be directed? Describe the project you are requesting assistance for or how the donation will be directed?

<p>Is this a new initiative? Yes No          If the answer is no, number of clients presently being served by this program?</p> <p>Number of clients on an actual wait list for this program?          Average wait time to access the program?</p>
<p>How many individuals with ASD will this serve?          How many staff members/volunteers will this include?</p>
<p>How long will the individual be served for this amount?          i.e. Hours/Days/weeks/months</p>
<p>What is the age group you are targeting for this program?</p>
<p>How will you measure and monitor the program's progress and effectiveness? List specific outcome measurements.</p>
<p>Do you have plans to offer this project to other individuals within your community, other than your own clients?</p>
<p>What is the experience and credentials that your staff brings to this specific program?</p>
<p>Do you have other corporate funding partners committed to this project? If yes, please list who and their commitments. How much have you raised for this initiative? How much have you raised for this initiative to date?</p>
<p>Is there a fee for service charged to the client for this specific program? If yes, what is the fee? What would the fee to the client be if your request was granted to fund this program?</p>
<p>What is the actual cost of this program? Please enclose a detailed budget.</p>
<p>What is the breakdown of your total revenue (<b>in percentage</b>) from government grants, fundraising events, fee for service (include workshops and conferences), donations, membership fees, other?</p>
<p>How will you sustain this funding to continue your program next year?</p>

Plans for donor recognition:

Additional information to consider:

How did you hear about Unity for Autism?

Please mail this application form (no couriers please) to:

Unity for Autism  
P.O. Box 38066  
550 Eglinton Ave. West  
Toronto, Ontario M5N 3A8

Please include most recent financial statements, operating expense budgets, List of Board of Directors, List of public & private funding sources for the current year, 2-3 community references, organization's brochure.  
Do not send videos.