

MACOMB/ST. CLAIR COUNTY CHAPTER OF THE AUTISM SOCIETY OF AMERICA
RECREATIONAL/SOCIAL EVENT GRANT APPLICATION
MUST BE SUBMITTED 5 WEEKS PRIOR TO EVENT

Applicant Information

School Name: _____
Macomb or St. Clair County School District: _____
Teacher/Therapist Name: _____
Telephone Number: _____
Email Address: _____
Type of Classroom and Grade: _____
of Students with autism who will benefit: _____
Requested Event: _____
Date of Event: _____
Total Amount Requested (must be under \$500) : _____
Have you previously received money or grants from the MSCCC/ASA?
If yes what was it for?

Service Provider Information

Company Name: _____
Contact Person: _____
Email Address: _____
Address: _____
Telephone: _____
*Cost: _____

*Please include all names and contact information of every business that will be receiving funds from this grant. A written estimate from any service provider receiving over 50% of the funds from this grant must be sent with this form. Checks are written directly to providers and will not be written to individuals.
YOU WILL BE CONTACTED IF APPROVED.

Please explain how this Recreational/Social Event will benefit students affected by autism.

The Out & About, Recreational/Social Community Event Grant may be submitted from Sept.-June
Applications passing review will then be granted on a first come basis. Funding is limited.
Applications are reviewed by the MSCCC/ASA Board of Directors and may take up to 5 weeks to be
All sections of the grant application must be completed or the grant will be denied.
Questions regarding the Out & About- Recreational/Social Event Grant should be submitted through our voice mail.
Please return completed grant application to:



**Macomb/St. Clair County Chapter
Autism Society of America
Out & About Grant Application
P.O. Box 182186
Shelby Township, MI 48318-2186
Voice Mail: (586) 447-2235**