



**AUTISM SERVICES GRANTS COUNCIL
2017 Grant Cycle**

**Request for Proposals
for
CHILDREN AND/OR ADULT SERVICES**

(Submit by Aug. 31, 2017)

**10250 NW 53RD STREET SUNRISE, FL 33351
954 746 9400**

**info@autismlicenseplate.com
www.autismlicenseplate.com
[autismlicenseplate/facebook](https://www.facebook.com/autismlicenseplate/)**

About The Autism Services Grants Council (“ASGC”)

In 2009, the Florida Legislature authorized the “Support Autism Services” specialty license plate and provided for the creation of the Autism Services Grants Council to oversee a grants process to fund service programs for individuals with autism and related disabilities and their families throughout the state. The ASGC supports eligible non-profit programs throughout Florida with grant funds generated through the sale of the Florida “Support Autism Programs” specialty license plates.

What will be considered? For this 2017 cycle, the ASGC will consider applications for grant funds to provide direct services to CHILDREN and/or ADULTS with autism and related disabilities.

What is not eligible? Grants funds may not be used to purchase: Vehicles, real property, building improvements, or for capital campaigns, endowments, lobbying, research, incurred debt, and program expenses incurred prior to grant approval.

Who is Eligible? Applicants must be not for profit entities having a current Internal Revenue Service designation as a **501(c)(3) exempt organization**, and a current **State of Florida Charitable Solicitation Registration number** (or written evidence of statutory exemption from Florida registration requirements) and be providing services to individuals with autism and related disabilities in Florida.

How much are the Grants? Generally, grants will not exceed \$6,500.

Are matching funds required? No. Matching funds are not required.

How long is the Grant For? Grant awards are for one year.

Can past grant recipients apply for another grant? Yes, but past recipients will not receive special consideration and will be evaluated on the merit of this year’s application as well as the success of the previous grant awarded to that grant recipient. Consideration will also be given to efforts made to assist in spreading the word about the Florida “Support Autism Programs” specialty license plate.

Where/How do I submit a proposal? Proposals should be submitted electronically, as follows: Combine into one *pdf* document and send via email to info@autismlicenseplate.com. A reply acknowledging our receipt of the documents will be sent to you promptly. If you do not receive a reply within three to five business days, please contact the ASGC (c/o ARC Broward) at 954-746-9400 to inquire.

What are the Application Submission Deadlines? Applications are due by **August 31, 2017**.



www.autismlicenseplate.com
[autismlicenseplate/facebook](https://www.facebook.com/autismlicenseplate/)

**GRANT PROPOSAL TO
THE AUTISM SERVICES GRANTS COUNCIL**

Organization Name: _____

State of Florida Charitable Registration # _____

Federal Employer Identification Number: _____ 501(c)(3)?: YES ___

Mailing Address

Physical Location where Services Provided

Street: _____

City: _____

State: Florida _____

Florida _____

Zip Code: _____

CEO/Executive Director Name: _____

Phone Number: _____

Email : _____

Primary Project Contact: _____

Phone Number: _____

Email : _____

Agency Website/facebook page/twitter address (include all that you have): _____

Project Name: _____

County/Countries to Benefit Most from the proposed project:

Is the Organization currently involved in ANY Litigation: YES ___ NO ___

If Yes, attach an explanation page to the Cover Sheet

How did you learn of the Autism Services Grants Council? :

Has the Organization received funding from the ASGC in the past?

YES ___ (Year(s) _____ Amount \$ _____) NO ___

Describe plans for sustaining the project/services, if any. _____

Number of Persons proposed to be served through the project: _____

Will program participants be charged for services?

YES___ (describe briefly) NO ___

Total Amount of Funds Projected to support the proposed project: \$ _____

Total Amount of Funds Requested from the ASGC: \$ _____

Signature CEO/Executive Director Date:



www.autismlicenseplate.com
[autismlicenseplate/facebook](https://www.facebook.com/autismlicenseplate/)

PROPOSAL NARRATIVE PAGES - The narrative cannot exceed four (4) pages and should include the following:

Brief History – Provide a summary history of the organization and its services, including all names used in the past and any current corporate affiliations. **Answer the following question:** Is your Agency a primary corporate entity, a subsidiary of or otherwise associated with any other agency, corporation, service provider, etc.? If the answer is YES, please provide an explanation of the relationships. The history of an organization should be brief and approximately one paragraph.

Agency Mission –What is your official Mission Statement?

Project Name – Please state the name of the proposed project.

Statement of Need - State the problem being addressed and share any information you may have supporting why the service need exists in the county(ies) proposed to be served.

Project Description - Briefly describe the Project or services to be provided.

Anticipated Impact; Expected Outcome(s) – (i) Describe what the project/services hope to accomplish and the anticipated impact on the community, persons served, the program etc. (ii) Provide details on how the agency and the ASGC will know at the end of the grant if the program/services have had a positive, neutral or negative effect on the individuals served. For Example: *How Well Did We Do It? How Much Did We Do? Is Anyone Better Off?*

Amount Requested/Total Project Cost – State the amount requested from the ASGC, and the total cost of the project/services. Summarize how the other sources of funding will provide for success of the project and how the portion requested of the ASGC meets a gap in what is available.

Disclosure- In the interest of transparency, a grant applicant should disclose any known relationship with members of the ASGC or their family members.

BUDGET PAGE - Provide a line item budget for the total project, including items to be provided by other funding sources or in-kind items. The budget must account for all funds requested from the ASGC. If awarded the grant, the budget outline must be strictly followed unless adjustments are approved in writing by the ASGC prior to incurring the expense. For Example:

Items	ASGC Request	Other Funding (amount/source)	Total *
A	\$	/	\$
B	\$	/	\$
C	\$	/	\$
D	\$	/	\$
E	\$	/	\$
Total	** \$	\$	\$

*Total = ASGC Request +Other Funding

**Total requested from ASGC in this proposal



Autism License Plate Marketing Section

The funds available through this grants process are generated through the sale of the Florida “Support Autism Programs” specialty license plates.

The more we are able to get the word out about the Florida autism license plate the more funds will be generated and available for services and the more awareness is generated. The following provisions and requirements are related to these efforts.

Funder Recognition

The Recipient of ASGC funds shall actively publicize and support the work of the ASGC through name and logo inclusion on all funded program materials, client and parent information and forms, banner displays and recognition in Annual Reports, newsletters and other forms of agency and/or program promotion. Recipient staff working in ASGC-funded programs shall be made aware of ASGC support through agency orientation sessions, staff meetings, and other employee communication strategies. Recipients of ASGC funds will also receive a “Press Kit” with templates for press releases, facebook and twitter postings as well as other marketing materials which they will agree to use in the promotion of the Florida “Support Autism Programs” specialty license plate and the ASGC. Evidence of these efforts may be a factor in future ASGC funding recommendations.

Please complete this form by responding, where indicated.

1. Has your organization participated in assisting to market the Florida “Support Autism Programs” specialty license plate? YES___ NO___

If yes, please describe.

If no, would you be willing to assist in marketing the Florida “Support Autism Programs” specialty license plate? YES__ NO__

2. Please provide any ideas you have to make more people aware of and encourage them to purchase Florida “Support Autism Programs” specialty license plate?

Supplemental Materials Required [Send the following in a separate *pdf* document]

Send the following materials with the proposal:

- Copy of IRS 501(c)(3) Designation Letter.
- Copy of the *first page only* of the most recent IRS Form 990 filing.
- Copy of current state of Florida Charitable Solicitation Registration
- List of current members of Board of Directors including e mail addresses: