

SHARE A VISION CO., INC. GRANT APPLICATION FORM

GRANTS ARE AWARDED TO ORGANIZATIONS OR INDIVIDUALS TO FUND RECREATIONAL AND LEISURE OPPORTUNITIES AS WELL AS THE PURCHASE OF APPROPRIATE EQUIPMENT TO HELP PERSONS WITH AUTISM AND OTHER DISABILITIES.

Applications must be complete to be considered. Incomplete applications will be returned without consideration. A complete application includes:

1. All questions on this form must be completed fully.
2. A copy of the statement detailing the cost, such as a vendor cost quote, a catalog page, a camp fee schedule, or a service fee schedule.
3. If you are an educational entity, as a follow up to your expenditure you will be expected to write and submit to Share A Vision a narrative describing the impact of your program. The narrative should include the number of students and / or teachers that were positively affected.
4. Any unused funds must be returned to Share A Vision upon completion of this grant unless otherwise approved.

Complete applications will be considered on the following timeline:

Applications will be accepted from October 1st through November 15th. Grants will be awarded by November 30th.

Date: _____

1) Applicant Information:

If Applicant is an Organization:

Name of the Organization: _____

Address of the Organization: _____

Phone Number: _____

Contact Person: _____

Email address: _____

If Applicant is an Individual:

Name of Person with Disability: _____

Diagnosis: _____

Age: _____

School: _____

Parent or Guardian: _____

Address: _____

Phone Number: _____

Email address: _____

2) Is this a new recreational program or service? _____

3) Is this an expansion or enhancement of an existing recreational program or service?

4) Will this grant be used for the purchase of recreational or leisure materials (toys, equipment, etc.)?

5) Amount of grant requested: \$ _____

6) If this is not the total cost, what other sources are being used to fund this project?

7) Age group and number of individuals benefiting from this project:

8) Has this organization or individual received a grant from Share A Vision in the past?

Reason for the past grant: _____

Date of past grant: _____

Amount of past grant: \$ _____

9) If Share A Vision provided only a portion of your request would the project go forward?

10) If your grant is approved, please list the name of the organization to whom the check should be made payable.

11) Describe the project to be funded in detail including budget information and duration of the project. Attach separate sheet, if necessary:

12) Do we have your permission to share grant application information with other organizations and/or individuals who may be willing to consider contributing to the funding that you have requested? ___Yes ___No

13) With grant approval, may we share “generic” information for community awareness? ___Yes ___No

14) Can we send you or your organization information on future Share A Vision fundraising projects? ___Yes ___No

15) If Share A Vision grants your request, how will you promote, support and donate towards Share A Vision’s fundraising events? _____

For a better understanding of your needs, we may request a face to face interview and a brief presentation on the merits of your request.

Share A Vision does not endorse individual programs, therapies, treatments, schools or facilities, or the theories or practices of any one individual or entity. Families may receive funds to be used for assistance based on the needs of the child or adult family member. Inquiries and tax-deductible donations may be sent to Share A Vision, Inc, 15 Meadowlawn Drive Unit 1 Mentor, OH 44060. To learn more about Share A Vision, Inc visit us at www.ShareAVision.org

If you have any questions, please call (440) 354-9258

Mail the completed application to:
Share A Vision, Inc
15 Meadowlawn Drive Unit 1
Mentor OH 44060

www.ShareAVision.org

Share A Vision will notify the applicant of the funds awarded by mail using a “required” self addressed, postage paid number 10 envelope supplied by the applicant with this request.

Please note: If you are an educational entity a requirement of the grant will be that you submit a report back to the Share A Vision Board which summarizes the impact on the individuals that participated in the project. If the applicant does not provide this documentation they will not be considered for future grant application requests.

Share A Vision requests that you participate by contributing time or treasure during our periodic fund raising events. This will allow Share A Vision to continue to provide these grants to others in the future.

For Share A Vision use only

Date application received: _____

Grant # _____

Incomplete – returned on _____

Request Submitted By _____

Approved by Share A Vision Board on: _____