



INTERLOCK
 come together for autism
 PO Box 1300
 Muncie, IN 47308

Grant Application Form

Once you have completed the form below, you may submit it along with any supporting documents via mail at the address above or email to autisminterlock@gmail.com.

Date:	
Person/Group Grant is for :	
Parent/Guardian:	
Address:	
City, State, Zip:	
E-mail:	
Phone:	
<i>Is this grant affiliated with a group or organization? <input type="checkbox"/> Yes or <input type="checkbox"/> No</i>	
<i>If you answered yes above, please complete information below.</i>	
Affiliate Group Name:	
Address:	
City, State, Zip:	

(Please be as specific as possible when listing your items.)

Qty	Vendor	Item #	Description	Price
Grant Total				

In the space below, please describe what the grant money will be used for (attach additional pages if necessary):
