

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.

Person/Group Grant is for: Parent/Guardian: Address: City, State, Zip: E-mail: Phone: Is this grant affiliated with a group or organization?	Date:					
Parent/Guardian: Address: City, State, Zip: E-mail: Phone: Is this grant affiliated with a group or organization? Yes or No If you answered yes above, please complete information below. Affiliate Group Name: Address: City, State, Zip: (Please be as specific as possible when listing your items.) Qty Vendor Item # Description Price Qty Vendor Item # Description Price	Person/Group Grant is for :		:			
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