The Island Autism Group, Inc.

P.O. Box 2786, Edgartown, MA 02539
508-693-2568
katehap5@comcast.net
www.islandautismgroupinc.com

Date Received: _____

ISLAND AUTISM GROUP

REQUEST FOR FUNDING FORM

The Island Autism Group (IAG) is a non-profit organization that supports children 3 - 10 years of age who need specific accommodation, modifications and supports to access the general curriculum or activities typical of children their age. Our mission is to fund comprehensive therapeutic services, activities and programs, hard goods and equipment for educational growth and development of children with significant disabilities, to further integrate them into society. To also fund seminars, speakers and workshops that advance and educate parents, teachers and caregivers of children who do not fully participate in inclusive programs due to their disabilities. The Board of Directors meets quarterly to determine allocations of funds.

All interested parties need to complete the ***Request for Funding Form*** *and submit it to the address above.*

Name of Organization/Person:

_____

Address:

_____

Type of Organization: _____ For Profit _____ Non-Profit _____ Other

Person Responsible for Request: _____

Contact Number: _____

E-Mail: _____

Equipment/Service Requested:

_____

_____

Cost of Equipment/Service: _____

Number of Students Benefitting from Equipment/Service: _____

Please attach a statement of no more than two pages briefly telling us how your request meets the purpose and spirit of our mission, as stated above. The Board of Directors meets the third Thursday of every month.