



Mission Statement

Promoting awareness and providing support for those affected by ASD.

- Grant submitters must be a family member of or person with ASD.
- We do not have financial criteria for persons who qualify for this grant, we trust that persons filing for this grant are persons in need.
- If we have more applicants than our budget allows the board will then vote upon each request.
- Requesters may file for grant money for items (with exception of iPads) such as weighted vests, weighted blankets, door locks or alarms, therapy balls, etc. or payment to the provider for services such as speech sessions, aba sessions, tutor sessions, swim lesson and the like.
- A print out of the items you are looking for would be helpful.
- Requests over \$150 will need board approval

Child's Last Name	Child's First Name	Age	Sex	Grade	School
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Item(s) or service requested for this child: _____

Item Service

How will this benefit the child? _____

Submitted by:	Relationship to child:	Address:	Phone Number:
Email:	By signing this box, I agree to use this grant towards the item or service listed above:		

Request for services:

What type of service? _____

Who is the provider of the service? _____

How often do these sessions occur? _____

What is the cost of the session? _____

- **We are unable write out checks to family members but can write them out to the provider of the service.**

Request for weighted items:

Item: _____

Weight: _____

Height: _____

Any other information about items requested:

If you have any questions, please call (906) 281-3300 or email santila@pasty.com

Return this C2A2 Family Grant Request Form to the address listed below with a self-addressed, stamped envelope, send a copy through email, or hand deliver it to a board member.

Copper Country Autism Awareness

P.O box 385

Hancock, MI 49931

For Copper Country Autism Awareness use only:

Items or services approved: _____

Items or services denied: _____

If denied, reason for denial: _____

Approved or denied by: _____ Date: _____