



# The Jack Fanning Memorial Foundation Grant Request

Requests are reviewed annually and must be submitted by **September 1**.

Amount Requested \$   
(attach a detailed budget)

## Introduction

The Jack Fanning Memorial Foundation, Angels for Autism, was formed for the expressed purpose of fulfilling the dream of Jack and building & supporting group homes for autistic individuals. Our goal is to fulfill that quest by helping to establish group homes and by assisting in ancillary needs of group homes with the general education, development and specific needs of the autistic population. If you and your organization need assistance in these areas, please complete the information below. If your needs are not related to the above, your application cannot be considered. Applications should be submitted in writing with the requested documentation to the following address. Attach separate sheets if necessary.

The Jack Fanning Foundation / Angels for Autism  
c/o Maureen Fanning  
106 Trinity Place / BC Jack Fanning Place  
West Hempstead, NY 11552

## Section 1

Name of Organization \_\_\_\_\_

Name of Contact \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ eMail \_\_\_\_\_

## Section 2

### Grant Summary

Please submit in one (1) paragraph, a summary of the request that includes a description, the dollar amount requested, a breakdown of costs, how many people with autism will be served and how outcomes will be measured and reported.

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## Section 3

### Eligibility (check one)

- Grant for group home development for autistic children or group home-related investments
- Grant for the education, development and/or specific needs of an autism-related project or program

How did you learn about the Jack Fanning Memorial Foundation? \_\_\_\_\_

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Section 4

- 1) Is the organization established in the US and do you have a 501(C)3 status?  Yes  No
- 2) Are you committed to not restricting services or discriminate in any way based on race, creed or ethnic origin?  Yes  No
- 3) Does your organization specifically serve the autistic community?  Yes  No
- 4) What % of your organizations funds go to:
  - a. Overhead.....
  - b. Programs.....
  - c. Other.....
  - d. Total.....100%.
- 5) Federal Tax ID Number \_\_\_\_\_
- 6) Geographic region served \_\_\_\_\_
- 7) State your organization’s mission: \_\_\_\_\_
- 8) Please describe your specific request: \_\_\_\_\_
- 9) Please include:
  - a. History of the organization
  - b. Recent financial statements
  - c. Budget/quotes for what is being requested
  - d. IRS Determination Letter
  - e. List of Board of Directors
  - f. Annual report (if applicable)
  - g. Brochures
  - h. Any other material deemed helpful
- 10) List your organization’s major funding sources \_\_\_\_\_
- 11) If this is not a specific 501(C)3 organization:
  - a. Describe the need for funding and specifically why this need cannot be met out of personal funds \_\_\_\_\_
  - b. What alternate sources of funding were requested? Attach any correspondences (loan refusals), etc. \_\_\_\_\_
- 12) How many persons will be served by this request? \_\_\_\_\_

Section 5

To the best of your knowledge is there any conflict of interest between the award of this request and any member of the Board of Directors of the Jack Fanning Foundation? If so, please describe the relationship. \_\_\_\_\_

How will the effectiveness of this donation be measured? \_\_\_\_\_

Section 6

I swear that all the information above was completed to the best of my ability and is accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notarized: \_\_\_\_\_ Date: \_\_\_\_\_