



The Jack Fanning Memorial Foundation Grant Request

Requests are reviewed annually and must be submitted by **August 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.

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? _____

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 overall by this request? Specifically how many people with autism are served? _____

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: _____