



**HEAL Foundation
Grant Application 2011**

Date Submitted _____

Organization Name _____

Executive Director/President _____

Address _____

Phone _____

City, State, Zip _____

Fax _____

Contact Name & Title _____

Email _____

Tax ID Number or SSN _____

Website _____

(This is required by the IRS.)

Grant Request \$ _____ Project/Program _____

Have you or your organization ever participated in HEAL's First Coast Zoo Walk? Yes No

Please give a complete description of your program or specific funding needs. You are encouraged to submit an attachment.

Please describe which of HEAL's five pillars (Education, Awareness, Treatment, Research, Prevention) this grant would strengthen.

Please state SPECIFICALLY how grant funds will be used and attach a copy of the program budget.

Describe other funding sources or applications for funding for this program.

Please tell us why your program is unique to the Jacksonville area.

How many individuals with autism will this grant serve? Will this grant benefit other populations? Please describe.

Who is your target audience or identified participant list?

Describe how you plan to measure and monitor the program's progress and effectiveness. Please list specific outcome measurements and goals.

What is you or your organization's background?

What is your specific plan to share your knowledge with others once completed? This is the "Pay it Forward" portion of the grant.

What relevant assets and experience do you or your staff bring to this project?

Do you or your organization have general liability insurance that will cover the execution of the program?

Yes No

All Grants should be submitted in writing to:

The HEAL Foundation

PO Box 140

Ponte Vedra Beach, FL 32004

Grants will not be accepted via fax or email.

Prepared by: _____