



HEAL Foundation

Grant Application 2016-17

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 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.

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

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

What is your or your organization's background?

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

How will your organization recognize HEAL as a contributor i.e.: advertising including HEAL in the name, press releases etc. should your grant be awarded?

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: _____