



**HEAL Foundation
Grant Application 2009**

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 _____

Did you or your organization participate in the 2009 HEAL 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. Please include an accountability plan.

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

Prepared by: _____

All Grants should be submitted in writing to:
The HEAL Foundation
226-5 Solana Road, #211
Ponte Vedra Beach, FL 32082

Grants will not be accepted via fax or email.