



Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street Address Apartment/Unit #

City County State ZIP Code

*Phone: ()		*E-Mail Address:	
Individuals Name (if not same as above):		Diagnosis:	Age of Individual:
Amount of request: \$ _____			

Have you received a Bridge the Gap, grant before? YES NO Are you requesting Crisis Consideration? YES NO

How did you hear about us? Family/Friend Web Search Other: _____

Do you have Insurance or Medical Assistance? YES NO Other Coverage? _____

Are you willing to donate items, volunteer, etc.? YES NO Comments: _____

If yes, explain: _____

Brief description of individual, why you are requesting this grant, how this grant will be used and benefit individual:

Provider(s)/Company/Items being requested by grant:

**Please note provider/request cannot be changed once grant has been submitted. All items must be filled for consideration.*

Provider Name:	Treatment Type/Item# & Description:		
Phone:	E-mail Address:		
Address:	City	State	ZIP
Other Comments:			

Provider(s)/Company/Items being requested by grant:

**Please note provider/request cannot be changed once grant has been submitted. All items must be filled for consideration.*

Provider Name:	Treatment Type/Item# & Description:		
Phone:	E-mail Address:		
Address:	City	State	ZIP
Other Comments:			

Provider(s)/Company/Items being requested by grant:

**Please note provider/request cannot be changed once grant has been submitted. All items must be filled for consideration.*

Provider Name:	Treatment Type/Item# & Description:		
Phone:	E-mail Address:		
Address:	City	State	ZIP
Other Comments:			

Please help us so we can help others by getting the word out, tell newspapers, TV stations, friends, families, co-workers, business members, get the word out ask them to donate. Ask agencies, business or friends to do fundraisers for Bridge the Gap, Inc. and receive a tax deduction!

1. Grant applications must be fully completed to be considered
2. Applications are only accepted via mail prior to deadline date (See Grant Guidelines at www.bridgethegapforautism.org) to: Bridge the Gap, Inc., 1415 E. Green Bay St. Suite 111, Shawano, WI 54166
3. Grant applications are reviewed and processed on a quarterly basis and will be issued in the months of March, June, September and December. You may be contacted prior to such consideration. You will receive a letter via mail if approved for a grant.
4. Please note that money will never be given directly to the individual/family. Payment will be made to provider/company only for requested item(s) stated on submitted grant application (if you are awarded a grant).
5. 1 application per quarter can be submitted, for a maximum of \$500 per recipient per year (January-December).
6. If this application leads to a grant, I understand that false or misleading information that I noted in my application may result in losing my grant. I understand that the funds received may be less than the total amount applied for.
7. If your grant is approved, begin using your funds by contacting your provider, funds must be used within 90-days of approval date. At no time may the funds be reimbursed to the individual requesting the grant or re-directed or transferred to any other program/individual/item/need other than what was awarded per the initial grant request. If you are unable to use the funds granted a check must be sent back to: Bridge the Gap, Inc. 1415 E. Green Bay St. Suite 111, Shawano, WI 54166 Funds in turn will be used for another individual.
8. Your patience and time in completing this application are greatly appreciated. I understand that by submitting this application there is no guarantee that I will receive a grant.
9. I have read and understand the stated guidelines on the website www.bridgethegapforautism.org

I certify that I understand the terms and conditions of this grant and that my answers are true and complete to the best of my knowledge, I agree to the above indicated terms.

Signature _____

Date _____

**Mail application to:
Bridge the Gap, Inc.
1415 E Green Bay St. Suite 111
Shawano, WI 54166**