

SEMI-ANNUAL MINI-GRANT APPLICATION

Autism Society of Northern Virginia (ASNV) Intervention Assistance Fund (IA Fund)

Intervention Assistance Funds will be used exclusively towards mini-grants for lifespan services for individuals of any age with an Autism Spectrum Disorder (ASD).

Examples of covered services include:

- Therapies (ABA, Music, Speech, OT, PT, AI, Behavioral, Hippo, Social Skills, etc.)
- Biomedical interventions (doctor fees, lab fees, prescriptions, or nutritional supplements)
- Sensory integration
- Assistive Technology
- Adaptive or Safety Equipment
- Summer camps
- Respite Care
- Training workshops/conference (Registration fees only)
- Psychological evaluations for VA State waiver applications

Requirements:

1. The recipient is a parent or legal guardian of an individual who has been diagnosed with an ASD.
2. The individual applicant must have a diagnosis of ASD and reside in Northern Virginia as defined by ASNV which includes "the counties of Arlington, Clarke, Fairfax, Fauquier, Loudoun, Prince William, Spotsylvania, Stafford and Warren, and the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas and Manassas Park."
3. The reimbursement requested must not otherwise be covered by the family's insurance, Medicaid, IFSP grant, or state waiver.
4. A Copy of the **Proof of Service** (Invoice for service marked paid) **AND Proof of Payment** (copy of cancelled check or bank statements that match amount on Invoice) for the service received. Proof of Payment must have been paid in the six months listed in the payment eligibility guide below to be considered eligible.

Semi-Annual Application Deadlines: January 1st and July 1st

Applications may now ONLY be submitted online

<https://asnv.wufoo.com/forms/asnv-minigrant-application/>

All applications must be received online on or before 11:59pm on the deadline date to be reviewed for that cycle. Due to the number of applications typically received, they will not be reviewed until the week following the deadline. You will only receive a confirmation that your application and attachments have been received. Incomplete applications will not be considered.

Deadline for submission	Eligible Receipts Date Paid
January 1	Apr 1– Sep 30 previous year
July 1	Oct 1 previous year–Mar 31

The total amount of applications and the reserve in the IA Fund will determine the amount of the mini-grants awarded each cycle. The amount reimbursed will ALWAYS be a percentage of your request. **There is a semi-annual maximum request of \$1000 and a minimum award of \$100 for each approved applicant each cycle. There is a \$6000 annual award cap and a \$20,000 lifetime award cap per family beginning in January 2011.**

Instructions:

1. Please complete the online grant application at <https://asnv.wufoo.com/forms/asnv-minigrant-application/>
2. Scan and email as attachments each of the four supplemental documents below to Minigrant@asnv.org :
 - a. **Proof of Diagnosis:** an ASD medical diagnosis, an educational label or other verifiable documentation.
 - b. **Proof of Service:** Invoice for service with applicant and date listed
 - c. **Proof of Payment:** Copy of cancelled check, credit card receipts or bank statement.
 - d. **Proof of Progress:** A narrative letter from provider, teacher or parent telling about the success or progress made from the treatment or therapy. [Do NOT submit charts, checklists, or numeric documentation.]
3. Submit the online application and scan and email the attachments (see a, b, c, d above) and keep your confirmation email for your records. Your application will be reviewed within two weeks of the due date and awards will be made 3-4 weeks after the due date. We do not return or contact you for incomplete applications.
4. Reimbursement checks for eligible applications will be made out to the individual(s) listed as "recipient" in the application. They will be mailed out 3-4 weeks after the application deadline.

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HELPFUL HINTS and Other information

Once an application is approved, all mini-grant checks will be payable to the recipient based upon Proof(s) of Payment which fall within the eligibility dates and match the submitted Proof(s) of Service. See table for eligible dates.

Attachments that MUST be included in email sent to minigrant@asnv.org

TABLE FOR ELIGIBLE DATES
ON PROOF OF PAYMENT

Proof of Diagnosis – Doctor letter or IEP Cover page (only if it includes diagnosis/autism educational label).

Proof of Service – Invoice marked paid from service provider or vendor. The invoice does not have to be in the eligible date timeframe – the proof of PAYMENT does.

Proof of Payment – Copy of cancelled check or bank statement that matches the attached Proof of Service. These documents MUST be within the eligible timeframe seen on the table on the right and must indicate, by name, the individual responsible for payment.

Deadline for submission	Eligible Receipts Date Paid
January 1	Apr 1– Sep 30 previous year
July 1	Oct 1 previous year–Mar 31

- For services paid in cash, the Proof of Service (invoice) must clearly indicate **by the provider** that this invoice was paid in cash on a certain date.
- Proof of Payment must have been paid in the 6 months spanning the last application deadline and the current cycle and thus have not been submitted for prior consideration. See table for eligible dates for receipts of payment.

Proof of Progress – A narrative letter from provider, teacher or parent telling about progress or success made from the treatment of therapy. DO NOT submit charts, graphs, checklists or other quantitative data. This information will be used without names in our efforts to get grants or additional funding for the Intervention Assistance Fund.

For additional guidance on eligibility guidelines please see the Mini-Grant Scoring Procedure