



Bowen Foundation for Autism's Rolling Access Grant Program *Administered by the Arc of the Central Chesapeake Region*

GRANT INFORMATION AND PROCEDURES

About the Bowen Foundation

The Bowen Foundation for Autism, a fund of the Community Foundation of Anne Arundel County, is dedicated to raising funds and awareness for the prevention, treatment and research related to autism in Maryland. Our goal is simple: to help as many families as possible fight the fight against autism.

As a result, the purpose of this grant partnership with The Arc of the Central Chesapeake Region is to provide dollars that make the biggest difference we can to help those affected by autism live the most productive lives possible.

Grant Application Information and Funding Details

Applicants are encouraged to apply for Bowen Foundation grant funding for any service they deem an immediate and important need for children and families with autism. Please note that while each request will be carefully considered, the Bowen Foundation reserves the right to fund requests based on the organization's determined criteria and mission, which first and foremost focuses on medical and health needs (doctor appointment fees, therapies, medication and diet) as well as equipment requirements (wheelchairs, car seats, home safety, dental braces, etc.). Disbursements will be made directly to the vendor providing the service or emergency need (doctor, therapist, pharmacy etc.), unless exceptional circumstances apply. While there is no minimum or maximum funding request limit set at this time, the Bowen Foundation has limited dollars to allocate to this program so grantees are asked to be as frugal and limited in requests as possible. Please note that the foundation WILL NOT fund any services that are not directly related to the needs of families and children fighting autism.

Requirements to Apply for Bowen Foundation for Autism Funding

All applications for the Bowen Foundation for Autism Rolling Access Grant program must be for families and children affected by the autism spectrum disorder. Grantees must be U.S. citizens and residents of the state of Maryland. Additionally, upon acceptance of Bowen Foundation funds, grantees allow the Bowen Foundation the opportunity to contact them directly for more information and to provide their contact information to appropriate parties within the autism community. Additionally, all grantees are required to provide an Outcome Report to the foundation on any developments, positive or negative, that resulted from the service funded. Please note that if an Outcome Report is not provided within six (6) months from receipt of funding the grantee is NOT eligible to receive any additional dollars from the Bowen Foundation for Autism in future years.

Bowen Foundation Contact Information

More information on the Bowen Foundation for Autism can be found at www.bowenfoundation.org or by telephone at 410.271.3469. Correspondence can be emailed to mollyalton@yahoo.com or sent via direct mail to the Bowen Foundation for Autism, care of the Community Foundation of Anne Arundel County, at 914 Bay Ridge Avenue, Suite 220, Annapolis, MD 21403.

The Bowen Foundation for Autism is a component fund of the Community Foundation of Anne Arundel County, a 501(c)(3) public charity. All gifts to the Bowen Foundation are tax deductible. A copy of the Community Foundation's financial statement is available by calling 410.280.1102. Information about the Community Foundation submitted under the Maryland Charitable Solicitations Act can be obtained from the Office of the Secretary of State.

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(Please feel free to use additional space to answer each question amply.)

APPLICATION DEADLINE: December 15th, 2009

Name: _____

Address: _____

City, State Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

1) Please describe your child's autism disorder and how this condition has affected your family:

2) How much money are you requesting from the Bowen Foundation and for what service/services?

TOTAL AMOUNT REQUESTED: \$ _____

<i>Type of Service</i>	<i>Cost for Service</i>	<i>Benefit of Service</i>	<i>Company/Organization Providing Service</i>	<i>Phone/Email for Company/Organization Providing Service</i>

3) Have you ever tried this type of service/program before? If so, was it very, moderately, or not at all successful? (If you haven't attempted this request before, any information from an outside party (i.e. a physician or therapist) would be helpful. If this does not apply to service requested, please answer N/A):

4) What additional information should the Bowen Foundation for Autism be aware of to help us evaluate this grant request and allocate funding to you and your family?

By signature of this application, a hereby agree that all information provided here is accurate to the best of my knowledge and that I allow the Bowen Foundation for Autism and the Arc of the Central Chesapeake Region to review my application and request additional information, including a background check, if necessary.

Signature: _____

Date: _____

Thank you so much for your request to the Bowen Foundation for Autism's Rolling Access Grant Program. Please return all applications by the above deadline to The Arc of the Central Chesapeake Region, Attn: Jodie Sponaugle, 931 Spa Road, Annapolis, MD 21401. If you have any questions regarding the status of your grant, please contact Jodie at 410.269.1883 or email jsponaugle@thearcccr.org.