



## Community Collaborative Program Funding Request

APNNWO is seeking funding requests for collaborative partner(s) serving individuals with Autism Spectrum Disorder on innovative initiatives to increase capacity and increase new opportunities. The funding request must propose to make an impact in the autism community through increased capacity or fulfilling an unmet need. Requests for funding initiatives must be collaborative between a minimum of 2 organizations, and at least one of the applicants must be an active, paying member of APNNWO.

Lead/APNNWO Member Organization \_\_\_\_\_

APNNWO Member Organization Contact Person: \_\_\_\_\_

Email of APNNWO Member Organization Contact Person: \_\_\_\_\_

Board President or CEO of APNNWO Member Organization: \_\_\_\_\_

Mailing Address for APNNWO Member Organization: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Collaborative Organization(s) \_\_\_\_\_

Name of Project/Program requesting funds for: \_\_\_\_\_

Amount Requested \_\_\_\_\_ Lead Organization Annual Budget: \_\_\_\_\_

(Cannot request funding for overhead or general operating expenses)

## Required Project Narrative Components

### **1. Organization Description** (500 word maximum):

Please provide a brief history, including mission statement and accomplishments for the Lead/APNNWO Member Organization, as well as relevant information regarding Collaborative Partner Organization(s).

### **2. Target Population** (250 word maximum):

Please describe those you serve, including how many individuals and/or families that are affected by Autism Spectrum Disorder and what percentage this represents in your overall client/consumer base.

### **3. Program/Project Description** (750 word maximum):

Please provide a detailed description of the need being addressed, the specific purpose of the funds being requested, and what is unique about your program/project.

### **4. Goals/Objectives Description** (500 word maximum):

Please provide a detailed description of goals and objectives that are to be accomplished, including specifically how it will benefit those affected by Autism Spectrum Disorder.

### **5. Evaluation** (500 word maximum):

Please provide a minimum of 3 measurable outcomes and evaluation tools you will use to measure progress and success.

### **6. Budget Narrative** (250 word maximum):

Please provide, in narrative form, the overall budget of this program/project, including the amount requested from APNNWO and any additional sources of funding and amount, if applicable.

### **7. Sustainability Plan** (500 word maximum):

Please describe how you plan to sustain this project/program after APNNWO Community Collaborative Program Funding is exhausted.