



Announcement of Grant Opportunity

The Arkansas Autism Resource & Outreach Center (AAROC) is announcing a grant opportunity for organizations that wish to include a child with Autism Spectrum Disorder (ASD), age birth to 18 years, in an inclusive extracurricular program or summer camp setting. In order to qualify, the program must be one designed for neurotypical children where the operating agency has a desire to provide necessary accommodations, modifications and supports to enable a child with ASD to participate. The child with ASD may not be served in a separate setting within the program but rather must be integrated, with supports, alongside the neurotypical children. Grant funds may not be used for camp registration/tuition and must be used for additional necessary supports for the individual child.

Funding will be awarded to qualified applicants on a first-come/first-serve basis. Maximum funding is limited to \$2000 per child, and an application must be completed TOGETHER by the program and a parent/guardian of the child for each grant request. A program may request grant funding and complete an application for more than one child. Grant applications must be accompanied by documentation of an autism spectrum disorder diagnosis of the child named in the application. Acceptable documents must include either a team diagnostic report that includes a speech-language pathologist, psychologist, and physician, or all three (3) individual diagnostic evaluations confirming an ASD diagnosis by a speech-language pathologist, a psychologist, and a physician.

Because grants will be awarded on a first-come/first-serve basis, and because Inclusion Grant funds are limited, it is HIGHLY RECOMMENDED that applicants submit completed applications by FAX or EMAIL



Please complete the following forms from the Grant application packet and return to:

AAROC Inclusion Grant Project
ATTN: Dianna Varady
FAX: 501-261-9599
EMAIL: ddvarady@uark.edu
322 Main Street
Suite 501
Little Rock, AR 72211

Required forms checklist:

_____ Grant Application

Diagnostic report (must include
reports/evaluations from speech language
pathologist, psychologist, and physician)



Arkansas Autism Resource & Outreach Center 2019 Inclusion Grant Application Forms

Program Information

Program Name: _____
County: _____ City: _____
Program Director/Coordinator: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Website: _____
Start/End dates (MM/DD/YY): _____ / _____ / _____ to _____ / _____ / _____

Program Days/Times:

Monday:	_____	A.M / P.M.	to	_____	A.M / P.M.
Tuesday:	_____	A.M / P.M.	to	_____	A.M / P.M.
Wednesday:	_____	A.M / P.M.	to	_____	A.M / P.M.
Thursday:	_____	A.M / P.M.	to	_____	A.M / P.M.
Friday:	_____	A.M / P.M.	to	_____	A.M / P.M.
Saturday:	_____	A.M / P.M.	to	_____	A.M / P.M.
Sunday:	_____	A.M / P.M.	to	_____	A.M / P.M.

Program Information/Activities, etc. (attach additional sheets if needed):



Arkansas Autism Resource & Outreach Center 2019 Inclusion Grant Application Forms

Child Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Diagnosis: _____

**please provide copy of diagnostic reports with application, including reports from
speech-language pathologist, psychologist, and physician*

Race: _____ Ethnicity: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email 1: _____ Email 2: _____

**Please use the space below to describe the child's strengths, interests, need for
supports, etc. (attach additional sheets if needed)**



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Child Information continued

Does the child have a need for speech/language supports? Yes No

If yes please describe: _____

Does the child have a need for visual supports? Yes No

If yes please describe: _____

Does the child have a need for sensory supports? Yes No

If yes please describe: _____

Does the child have a need for social supports? Yes No

If yes please describe: _____

Does the child have a need for positive behavioral supports? Yes No

If yes please describe: _____

Please describe any additional supports needed: _____



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Budget Worksheet

Please provide information about how you will be using grant funds by completing the budget worksheet below. Examples of acceptable expenses include, but are not limited to, salary for additional staff, registration fees for staff training/workshops, travel related to staff training/workshops, supplies/materials for visual or sensory supports, etc. **All expenses for supports/training must reflect best practice and evidence-based supports. Grant funds may not be used for trainings/workshops on the use of restraints.**

Budget Category	Estimated Expense (round to nearest dollar)
Salaries	\$
Staff travel	\$
Supplies and materials	\$
Staff training	\$
Equipment	\$
Other:	\$
Total (maximum request \$2000.00):	\$

One half (1/2) of the funds requested will be distributed to programs upon grant application approval. The remaining half of requested funds will be provided to programs after the end of the program period upon completion of a budget reconciliation form (which will be provided to the program upon approval of the application) and submission of expenditure documentation/receipts. If there is a question about whether or not an expenditure is allowable under the grant (such as a specific training/workshop or specific materials/equipment) programs are encouraged to provide specific information about the expenditure(s) as attachments to this application.

Full grant funding is contingent upon the supported child being enrolled in the program for the entire time indicated in the application.



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Program, Parent/Guardian and Grantor Agreement

Please read and initial each statement below
(each statement must be initialed by BOTH Program Director and Parent):

	Director Initials	Parent Initials
I have completed and reviewed all pages of the AAROC Inclusion Grant application, and all information provided in the application is correct	_____	_____
I understand that AAROC Inclusion grant funds will NOT be awarded to programs designed for children with autism or other disabilities and must be used to fund supports for children with autism who are enrolled in programs designed for neurotypical children	_____	_____
I understand that AAROC Inclusion grant funds may not be used for regular registration/tuition/etc. program fees and may only be used for additional supports specified in this grant application for this specific child	_____	_____
I have included additional documentation of a diagnosis of an autism spectrum disorder for the child described, including a team developmental diagnostic report or reports by a speech-language pathologist, psychologist, and physician confirming the diagnosis	_____	_____
I understand that full grant funding is conditional upon the child being continuously enrolled in the program for the entire duration of the program, and that if the child is dis-enrolled by the program AAROC may recoup all grant payments made to the program (this does not apply to situations where a child misses days due to illness or a scheduling conflict with another activity)	_____	_____
I understand that grant funding will not be awarded to programs that rely upon the use of seclusion or restraints as disciplinary measures, and I attest that the program requesting grant funding does not use such measures	_____	_____
I understand that AAROC Inclusion grant funding is limited and that submission of this application in no way guarantees funding	_____	_____
If this application is approved I understand that one-half (1/2) of requested funds will be awarded to the program upon approval and that the remaining funds will be awarded after the end of the program period and after submitting a budget reconciliation form and receipts/documentation for all grant related expenditures	_____	_____

Camp/Program Director name (please print)

Parent name (please print)

Camp/Program Director signature

Parent signature