

AUTISM INSTITUTE

The Florida State University College of Medicine

Parent/Constituent Application Guidelines for Requesting Funding from FSU CARD/Autism Institute

1. All applicants must either be an FSU CARD client or parent/guardian of the client.
2. All requests must be related to you or your child's diagnosis of autism spectrum disorder.
3. Applicants are encouraged to fill out funding requests at least three weeks prior to the date of the workshop/conference/camp.
4. A filled out copy of the brochure for the workshop/conference/camp/other must be attached to the request.
5. Due to the number of requests we receive each year, applicants may only be funded once annually.
6. Applications for funding will be reviewed by the Funding Committee and applicants will be notified of the status within a week of submission.
7. Applicants are required to pay upfront costs and FSU Autism Institute will reimburse for these costs after the applicant provides receipts (there are some funding costs that FSU can pay directly to the vendor so that there is less out of pocket to the applicant, i.e., registration fees).
8. Applicants are required to submit all receipts and proof of attendance for reimbursement within 10 days of returning from the workshop/ conference/ camp/ other.
9. Applicants must agree to bring back information to share with other constituents/parents.

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FSU CARD Constituent/Parent Funding Request

This form is to be used when submitting a request for funds for FSU CARD constituents or parents/guardians to attend a workshop/conference/camp/other in your region. Funding may be provided to active clients or parents/guardians of FSU CARD clients.

CARD Client Name:

Parent or guardian requesting assistance (if different than client):

Name:

Address:

Telephone:

Email Address:

Social Security Number (needed for payment if funded):

Have you been funded by CARD/Autism Institute previously for a workshop/conference/ camp/other?
If so, for what and when?

Yes

No

How does this funding request relate to autism spectrum disorders and how will you or your child benefit from this funding? How will you share this information with the community?

Information about requesting workshop/conference/camp/other:

Title:

Date:

Location:

Please mark area(s) for which you are requesting reimbursement and indicate amount:

Registration Fees \$

Hotel \$

Other

Attach a copy of the brochure for which you are requesting reimbursement for registration. Please try and submit your application at least three weeks prior to the event.

All funding requests should be sent to:

FSU CARD

Attn: Karen Robins

Building A, Edgewater Office Park

2308 Killearn Center Boulevard

Tallahassee, FL 32309

Phone: 850-644-4367

Fax: 850-921-0124

Email: karen.robins@med.fsu.edu