AUTISM INSTITUTE

The Florida State University College of Medicine

<u>Teacher/Professional Application Guidelines for Requesting</u> **Funding from FSU CARD/Autism Institute**

- 1. Teacher or professional must be involved with active clients of FSU CARD or have a DOE partnership with FSU CARD.
- 2. All requests must be related to autism spectrum disorder.
- 3. Applicants are encouraged to fill out funding requests one month prior to the workshop date.
- 4. A copy of the brochure for the workshop/conference 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 up front costs and the 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 for reimbursement within 10 days of returning from the workshop/conference.
- 9. Applicants must agree to bring back information to share with other professionals.

AUTISM INSTITUTE

The Florida State University College of Medicine

FSU CARD Teacher/Professional Funding Request

This form is to be used when submitting a request for funds from FSU Autism Institute to attend a workshop or conference in your region.

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? If so, for what and when?	Yes 🗌	No 🗌
How will you benefit from the information presented at this Conference?		
How will you share this information with the teaching/professional community?		
Information about requesting workshop/conference:		
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