

Guidelines **FSU CARD Application for Funding**

For Client or Parent/Guardian:

- Applicant must be an active FSU CARD client or the parent or guardian of an active client.
- Request must be related to your or your child's diagnosis of autism spectrum disorder or related disabilities.
- Applicants are encouraged to submit the request at least three (3) weeks prior to the date of the event or purchase.
- Applicants are required to pay upfront costs. If approved, the **FSU Autism Institute Foundation** will reimburse these costs, up to the approved dollar amount, after receipts are submitted. In some instances, the **FSU Autism Institute Foundation** may pay vendors directly.

For Professionals:

- Applicant must provide brochure or other conference/workshop/training information or product information showing the event or product is related to autism spectrum disorder or related disabilities.
- Applicants are encouraged to submit the request at least three (3) weeks prior to the date of the event or purchase.
- Applicants are required to pay upfront costs. If approved, the **FSU Autism Institute Foundation** will reimburse these costs, up to the approved dollar amount after receipts are submitted. In some instances, the **FSU Autism Institute Foundation** may pay vendors directly (i.e., registration fee, etc.).
- Applicant must agree to share conference/workshop/training/product information with other professionals working with individuals with autism.
- Applicant should submit all receipts and proof of attendance within 10 days of returning from the conference/workshop/training. Receipts for approved product purchases must be received within 30 days of purchase date.



FSU Autism Institute
 Edgewater Office Park, Bldg A
 2312 Killearn Center Blvd.
 Tallahassee, FL 32309

FSU CARD Application for Funding

This form is required when active CARD clients or professionals who work with CARD clients submit a request for funds from the **FSU Autism Institute Foundation** account. Funds may be provided for expenses incurred while attending workshops, trainings or conferences related to autism spectrum disorder (ASD) or related disabilities; when purchasing therapy or educational materials to enhance the client’s home, classroom or work environment; community outreach; or family needs related to the client’s ASD diagnosis.

Date _____

Name	
Address	
City, State, Zip	
Email Address	
Phone Number	
Client’s Name	

Who is requesting the funds? Client Parent/Guardian Professional

How will the funds be used? (Please be specific. Include name and dates of workshop, training or conference, community events, type of materials or items, etc. Provide support for attendance by submitting brochure, agenda, registration receipts, etc.)

How does this funding request relate to autism spectrum disorder? How will you benefit from the funding?

Funding requests will be reviewed by FSU CARD staff, then submitted to the FSU College of Medicine for approval. The **FSU Foundation** reserves the right to deny any request in accordance with federal and state regulations. **NOTE: Receiving funds in the past does not guarantee approval.**

Signature

Office Use Only

Client ID: _____ Funded in the Past? Yes No
 Consultant: _____ If so, date & reason: _____