



## **Bowen Foundation for Autism's Grant Program** *Administered by The Arc of the Central Chesapeake Region*

### **GRANT INFORMATION AND PROCEDURES**

#### *About the Bowen Foundation*

The Bowen Foundation for Autism is a nonprofit organization that seeks to improve the lives of children with autism in Maryland. Our goal is pretty simple: we award grants to local families who are struggling to pay for needed services to benefit children with autism. We award funds not just for the medical treatments that are so beneficial, but also educational, diet and behavioral offerings that help make a difference for children with autism. The foundation runs the grant program in partnership with The Arc of the Central Chesapeake to reach families predominately in Anne Arundel County.

#### *Grant Application Information and Funding Details*

Applicants are encouraged to apply for Bowen Foundation grant funding for any service they deem an immediate and important need for children and families with autism. Please note that while each request will be carefully considered, the Bowen Foundation reserves the right to fund requests based on the organization's determined criteria and mission, which first and foremost focuses on medical and health needs (doctor appointment fees, therapies, medication, and diet) as well as equipment requirements (wheelchairs, car seats, home safety, dental braces, etc.). Disbursements will be made directly to the vendor providing the service or emergency need (doctor, therapist, pharmacy, etc.) unless exceptional circumstances apply. While there is no minimum or maximum funding request limit set at this time, the Bowen Foundation has limited dollars to allocate to this program, so grantees are asked to be as frugal and limited in requests as possible. Please note that the foundation WILL NOT fund any services that are not directly related to the needs of families and children fighting autism.

#### *Requirements to Apply for Bowen Foundation for Autism Funding*

All applications for the Bowen Foundation for Autism Grant program must be for families and children affected by the autism spectrum disorder. Grantees must be U.S. citizens and residents of the state of Maryland, with first preference to Anne Arundel County. Additionally, upon acceptance of Bowen Foundation funds, grantees allow the Bowen Foundation the opportunity to contact them directly for more information and to provide their contact information to appropriate parties within the autism community. Additionally, all grantees are required to provide an Outcome Report to the foundation on any developments, positive or negative, that resulted from the service funded. Please note that if an Outcome Report is not provided within six (6) months from receipt of funding the grantee is NOT eligible to receive any additional dollars from the Bowen Foundation for Autism in future years.

#### *Bowen Foundation Contact Information*

More information on the Bowen Foundation for Autism can be found at [www.bowenfoundation.org](http://www.bowenfoundation.org) or by telephone at 410.693.4551. Correspondence can be sent via direct mail to the Bowen Foundation for Autism, care of The Arc Central Chesapeake Region, 931 Spa Road, Annapolis, MD 21401.

*The Bowen Foundation for Autism is a component fund of The Arc Central Chesapeake Region, a 501(c)(3) public charity. All gifts to the Bowen Foundation are tax deductible. A copy of The Arc CCR's financial statement is available by calling 410.990.1900.*

**Bowen Foundation for Autism's Grant Program**  
*(Please feel free to use additional space to answer each question amply.)*

**APPLICATION DEADLINE: June 2, 2017**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**1) Please describe your child's autism disorder and how this condition has affected your family:**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**2) How much money are you requesting from the Bowen Foundation and for what service/services?**

**TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_**

<i>Type of Service</i>	<i>Cost for Service</i>	<i>Benefit of Service</i>	<i>Company/Organization Providing Service</i>	<i>Phone/Email for Company/Organization Providing Service</i>

3) Have you ever tried this type of service/program before? If so, was it very, moderately, or not at all successful? (If you haven't attempted this request before, any information from an outside party (i.e. a physician or therapist) would be helpful. If this does not apply to service requested, please answer N/A):

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4) What additional information should the Bowen Foundation for Autism be aware of to help us evaluate this grant request and allocate funding to you and your family?

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*By signature of this application, I hereby agree that all information provided here is accurate to the best of my knowledge and that I allow the Bowen Foundation for Autism and the Arc of the Central Chesapeake Region to review my application and request additional information, including a background check, if necessary.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you so much for your request to the Bowen Foundation for Autism's Grant Program. Please return all applications by the above deadline to The Arc Central Chesapeake Region, Attn: Marisa Sternberg, 931 Spa Road, Annapolis, MD 21401. If you have any questions regarding the status of your grant, please contact Marisa at 410.990.1908 or email [msternberg2022@thearcccr.org](mailto:msternberg2022@thearcccr.org).*