## This application is for the Teighlor McGee STEP Minigrant.

This grant is only for people of color. If you are an organization applying for the STEP grant, your leadership must be BIPOC and at least 50% of your membership must be people of color.

If you are one of ASAN’s affiliates interested in applying for the Affiliates in Action Grant, please visit the Teighlor McGee Mini Grant page to download the correct application.

Submit this completed application to Elias Bouderdaben at ebouderdaben@autisticadvocacy.org

## Basic Information:

### For Individuals (if you are applying on behalf of your organization, please skip down to “For Groups Applying”):

Name of Applicant:

Email:

Phone Number:

Preferred method of contact: Phone or Email

Address:

Are you 18 years or older?

Are you applying on by yourself or with collaborators?

### For Groups Applying (If you are applying as an individual, please leave this section blank):

#### Contact information:

Name of Group Representative:

Email:

Phone Number:

Preferred method of contact: Phone or Email

What is your country and state:

Are you 18 years or older?

#### Organization information

Is your group applying by itself, or with collaborators?

What is the name of your group?

How long has your group been active?

How many members do you have?

How often does your group meet? What does a regular meeting look like for your group?

Please include a link to your website or social media page(s).

What is the mission of your group?

What activities has your group done to try and achieve this mission?

What are some strengths of your group? What are some things your group could use help with?

Who is in charge of your group? Are they self-advocates with developmental disabilities?

### For Collaborators (leave blank if you’re applying by yourself or just with your organization):

Collaborator Name:

Collaborator Group name

Collaborator email:

Collaborator phone:

## Optional Questions

### Optional Questions For Individuals (Groups can skip down to Optional Questions For Groups):

Are you over the age of 18? Grantees must be at least 18 years or older at the time of application in order to apply.

What pronouns would you like us to use for you (examples: she, he, they, xe)?

How did you hear about ASAN’s Mini Grant Program?

We want to provide access to our mini grants program to as diverse a group as possible. We are especially looking for people to apply who are:

* People of color
* People from religious minorities
* People with intellectual disabilities
* People with other disabilities in addition to autism
* Nonspeaking people
* LGBTQ+ people
* People from low-income backgrounds

You can help us make sure we have a diverse group of people applying! You can tell us these things about yourself. You can tell us about some of these things, all of them, or just one. You do not have to tell us any of this -- only tell us if you want to. Please share any additional information about your identities below:

### Optional Questions For Groups (Individuals do not need to fill out these questions)

How did you hear about ASAN’s Mini Grant Program?

We want to provide access to our mini grants program to as diverse a group as possible. We are especially looking for organizations to apply who are led by:

* People of color
* People from religious minorities
* People with intellectual disabilities
* People with other disabilities in addition to autism
* Nonspeaking people
* LGBT+ people
* People from low-income backgrounds

You can help us make sure we have a diverse group of people applying! You can tell us these things about your group. You can tell us about some of these things, all of them, or just one. You do not have to tell us any of this -- only tell us if you want to. Please share any additional information about your identities below:

## About Your Grant Project:

ASAN’s mini grant program gives money to groups or individuals to fund a specific project idea. The questions below are meant to help you talk about the project you would like ASAN to fund.

Please answer these questions with as much detail as possible. If you receive the grant and details about your plan change from the answers you provide here, that will be okay. We want to see that you have thought about your project and considered what steps you need to complete in order to reach your goal.

Please describe your project in 2-3 sentences.

Why is this project important to you?

If your project is completed, who will benefit?

What other organizations or individuals are you working with on this project? (If you are applying with a Collaborator, this question is asking about connections outside of that collaboration.) Who are you working with?

Who else is doing work on this subject in your region? What relationship do you have with them?

How do you build relationships with communities you are not a part of?

What other work have you done in the past or currently related to this?

What experience do you have with self advocacy work?

What challenges do you anticipate in achieving your goal?

Which communities will your project benefit? (Checklist)

* People of color
* People from religious minorities
* People with intellectual disabilities
* People with other disabilities in addition to autism
* Nonspeaking people
* LGBT+ people
* People from low-income backgrounds

How does your work benefit these communities you’ve selected?

How are you engaging these communities as active participants in this project?

### SMARTIE Goal Description:

Please describe your project as a SMARTIE goal, if you’re unfamiliar with SMARTIE Goals, please review our guide [here.](https://autisticadvocacy.org/wp-content/uploads/2019/05/PADSA-smart-goals.pdf)

[SMARTIE Goals Worksheet - The Management Center](https://www.managementcenter.org/resources/smartie-goals-worksheet/)

**Specific:** What do you want your project to do?

**Measurable:** How will you know you are making progress toward your goal?

**Achievable:** What makes you feel like this project is something you can actually do? Do you know all the resources you need to make your project happen?

**Relevant:** Are all the steps in your plan bringing you closer to your goal? Do you have activities in your plan that aren’t really relevant to what you want to happen?

**Time Bound:** When do you want your project to be completed? What are the different check in points along the way?

**Inclusive:** How are marginalized people a part of the planning and decision making process in your project?

**Equitable:** How does your project work to remove barriers for everyone?

### For Collaborations:

If you are multiple groups applying for this grant for a project you are working on together, please describe each groups’ role in the project.

Group Name:

Role:

Group Name:

Role:

## Financials:

Please provide an estimated budget for how your project will use the $5,000. The budget can include line items for paying people for their work. If your project is chosen, it is okay for the budget to change due to unexpected expenses.

[MiniGrants Sample Project Budget](https://docs.google.com/document/d/1BMQhs6Y6QyZP1fjbMUGF-6C3WLdhcKKR7ZCDAvcBs4M/edit)

## Commitments:

If your project is selected for funding will you be able to meet the following requirements:

* Attend an online orientation/training session at the start of the grant.
* Provide quarterly budget updates regarding how the grant money is being used and how much has been spent. (You will not be expected to provide detailed receipts, but we would like to see an updated version of your budget that shows how much money you have spent so far and what things you have spent it on.)
* Provide a quarterly update on what progress has been made towards your project.
* Attend quarterly meetings with your ASAN support staff member regarding your project.
* At the end of your grant period, provide a statement/presentation about your project, the successes you had, the challenges you faced and what you hope to accomplish in the future.
* Agree to inform ASAN on how you can receive your grant funding in a way that will not disrupt any benefits you have (ASAN will offer guidance on who to speak to regarding protecting your benefits).
* Agree to fulfill your proposed project to the best of your ability.