

# A.C.E. Grant Fund Application

## Non-Income, Need-Based Grant Program

Everyday Miracles provides grants for persons with an autism spectrum disorder. Grants are paid directly to the licensed company/facility/service/product provider the applicant designates herein.

*Please note there are new requirements outlined below*

- Submit a copy of proof of the diagnosis of Autism, Asperger's, Rett's or PDD-NOS. Copy of medical assessment of diagnosis (including doctor's signature) or copy of school diagnosis on IEP/MET (including school official signature) are only acceptable forms of proven diagnosis and must be dated within last the last three (3) years.
- Provide documentation and/or invoice(s) for product or services you are requesting the grant for.
- Applicant must be a current resident of the state of Michigan.
- In the space provided in Section II, provide a narrative, up to 300 words, of why you feel you/your child would be a good candidate to receive this grant. Please type or print neatly in the space provided.
- Applicant must not have received a prior Everyday Miracles ACE Grant within the last 12 months.
- Application must be postmarked between February 1, 2008 and February 29, 2008.
- Mail completed application and all required documentation to:

Everyday Miracles – ACE Grant Committee  
P.O. Box 182278  
Shelby Township, Michigan 48318-2278

**We regret that incomplete applications, those received without required documentation and/or those with a postmark outside of February 29, 2008 can not be considered by our grant committee.**

All applicants and/or their legal guardian will be notified in writing of the status of their application by April 30, 2008. A non-member committee has been appointed to review the grant applications. Decisions made by the committee are final. Please be advised that funds are limited and there is no guarantee that a completed application will be approved.

### SECTION I:

EDM GRANT APP. # \_\_\_\_\_ (This number will be provided by Everyday Miracles)

Applicant's Name (Person to receive services) \_\_\_\_\_

Applicant's Address \_\_\_\_\_

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

SSN# \_\_\_\_\_ (circle) Male or Female Date of Birth \_\_\_\_\_

**Person(s) Legally Responsible for Applicant (if applicant under age 18):**

Name(s) \_\_\_\_\_ Relation to above: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address (if any): \_\_\_\_\_

I hereby certify the information provided in this application, Sections I and II, are true and accurate. I also understand that Sections I and II of this information will be reviewed by the board of Everyday Miracles and the non-member committee designated to review grant applications will review Section II of this application. By signing I understand that I will be asked to consider a request, if approved, to supply the applicant's picture to Everyday Miracles for the purpose of promoting and soliciting funds for the ACE Grant Fund. I also understand that my decision of whether or not to provide this picture has no bearing on this or any future application.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

