



Financial Planning Grant Guidelines

In partnership with Lomanto Provost Financial Advisors, Autism Alliance of Northeastern NY will provide grants for financial planning services for parents/guardians of individuals with autism spectrum disorder. These grants will provide families with an initial appointment and actionable steps to help them plan for their loved one's future.

Requirements:

- Funds must directly benefit families of an individual with autism residing in Clinton, Essex, or Franklin County, NY.
- Please provide proof of diagnosis. Examples include a letter from a physician, IEP showing classification, evaluation, etc. Please do not send entire documents—just a page to show diagnosis.

In addition, please be aware of the following:

- Autism Alliance of Northeastern NY is not bound to approve funds for all grant applicants; we reserve the right to deny funding or to provide partial funding.
- The grant review process may take a few weeks. You will receive an email with a decision. If you have any questions, please contact grants@aaneny.org or 518-354-7000.

Completed applications and supporting documentation should be emailed to grants@aaneny.org. Alternatively, applications and documentation may be mailed to:

Autism Alliance of Northeastern NY
Attn: Grants
P.O. Box 1884
Plattsburgh, NY 12901



Financial Planning Grant Application

Name of Individual with Autism: _____

Name of Applicant: _____

Relationship: _____

Address: _____

Phone Number: _____ Email: _____

Household Composition (name, age, relationship), including Applicant:

Annual Household Income:

\$ _____

Have you previously received a grant from Autism Alliance of Northeastern NY? If yes, please provide details.

I verify that all information provided in this application is true and accurate. I understand that any falsification would disqualify this application.

Signature: _____ Date: _____

Please check for completeness before submitting your application. Thank you!

☐ Proof of Diagnosis

☐ Signature