



**HEAL Foundation**  
**Grant Application 2010-2011**

Date Submitted \_\_\_\_\_

Organization Name \_\_\_\_\_ Executive Director/President \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact Name & Title \_\_\_\_\_ Email \_\_\_\_\_  
 Tax ID Number or SSN \_\_\_\_\_ Website \_\_\_\_\_

*(This is required by the IRS.)*

Grant Request \$ \_\_\_\_\_ Project/Program \_\_\_\_\_

Have you or your organization ever participated in HEAL's First Coast Zoo Walk?     YES     NO

Please give a complete description of your program or specific funding needs.  
You are encouraged to submit an attachment.

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Please describe which of HEAL's five pillars (Education, Awareness, Treatment, Research, Prevention) this grant would strengthen.

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Please state SPECIFICALLY how grant funds will be used and attach a copy of the program budget.

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Describe other funding sources or applications for funding for this program.

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Please tell us why your program is unique to the Jacksonville area.

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How many individuals with autism will this grant serve? Will this grant benefit other populations? Please describe.

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Who is your target audience or identified participant list?

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Describe how you plan to measure and monitor the program's progress and effectiveness. Please list specific outcome measurements and goals.

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What is you or your organization's background?

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What is your specific plan to share your knowledge with others once completed? This is the "Pay it Forward" portion of the grant.

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What relevant assets and experience do you or your staff bring to this project?

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Do you or your organization have general liability insurance that will cover the execution of the program?     YES     NO

All Grants should be submitted in writing to:  
The HEAL Foundation  
PO Box 140  
Ponte Vedra Beach, FL 32004  
**Grants will not be accepted via fax or email.**

Prepared by: \_\_\_\_\_