

2023-2024 CULTIVATING INCLUSION: INCLUSION MICRO-GRANT APPLICATION

This application is designed for teachers, educators, and administrators to make micro-grant funding requests from Cultivating Inclusion Lewis County for the purposes of enriching and enhancing inclusion in school. Cultivating Inclusion is operated under the Lewis County Autism Coalition, a 501(c)3.

For the purposes of this application, inclusion means to promote or create acceptance and empowerment of students who have intellectual, behavioral, and/or physical differences. Funds can be requested to support classrooms, equipment, staff development, or another area that supports inclusion in school and education. The recommended funding request is between \$250 and \$500, though larger requests may be considered based on the level of impact. Your provided information will be evaluated by the Cultivating Inclusion committee members for consideration and approval or denial.

Please provide us with the following information.	
Applicant(s):	
School:	
Number of Students Involved:	
Describe Activity / Project and how it promotes or inclusion:	
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Specific Grant Request Items:
Is partial funding acceptable?
If yes, what amount?
If this request is awarded (full or partial), how will Cultivating Inclusion Lewis County be recognized for providing financial support for this project / activity?
If this request is awarded (full or partial), how will you track and demonstrate how the distributed funds are utilized? Do you agree to provide a copy of all receipts and itemized expense reports?

If this request is awarded (full or partial), h project / activity? Will you provide photos a parents, community members, and voluntee	and / or videos that we can share with our
Please understand that when you submit this enrichment grant application, you're requesting money from a pool of funds raised by a nonprofit and its hardworking volunteers, contractors, committee members, and community funders. We expect that our applicants will be good stewards of these dollars with the highest level of transparency possible. It is our hope that, if granted, you will conduct this event in such a way that we can provide a successful report to the Cultivating Inclusion committee and the Lewis County Autism Coalition board of directors, illustrating the enrichment value of the awarded project / activity.	
By signing this application, you agree to provi	de the requested deliverables.
Applicant Signature:	Date:
Superintendent or Principal's Signature:	Date:
*completed forms should be emailed to incl	usion@lcautism.org
For Internal Use Only*	
Date Received by Cultivating Inclusion:	Presented to Cultivating Inclusion Committee:
Approved? Not approved?	If applicable, amount granted: