



## RISE for Autism Grant Application - Terms and Conditions

### Grant Application:

1. The applicant agrees that all information submitted through the application process is true to the best of his/her knowledge. Grant applications will not be returned to the applicant.
2. The applicant gives permission to **RISE for Autism's** Board of Directors to review all information included in the application for grant determination.
3. The applicant agrees the application **MUST** be fully completed, with all necessary documentation attached, to be eligible for review by **RISE for Autism's** Board of Directors.
4. Applicant agrees to provide an invoice any other related documentation to RISE for Autism. ***Applicant must sign and submit the HIPAA Release form with the grant application.***
5. Applicant agrees to share a "Personal Story" of how a grant award will impact the recipient. Submission of accompanying photo is optional. Personal story and photo of applicant may be used in soliciting future grant program fundraising (e.g. website, signage, newsletter, etc.). If a photo is included, ***applicants must sign and submit a photo release form with the grant application.***

### If Grant Money is Awarded:

1. The applicant agrees that all grant monies will be paid directly to the service delivery or product provider (e.g. physician, therapist, vendor), **NOT** to the applicant.
2. The applicant agrees that **RISE for Autism** is not responsible for payment of any amount other than that determined by the Board of Directors and awarding a grant does not create a contractual relationship between the provider and **RISE for Autism**.
3. The applicant agrees that grant monies are awarded on a one-time basis and additional applications would be required for consideration of additional grant awards.
4. The applicant agrees that in the event the applicant commits a violation of the Terms and Conditions or any conditions to the grant or stated purposes of the grant, **RISE for Autism** may withhold the funds awarded or demand a refund of funds awarded.

### Waiver of Claims and Indemnification:

1. The applicant agrees to waive all claims against **RISE for Autism** and its officers and directors arising out of this application and the receipt of financial assistance (if any), including, but not limited to, claims arising out of any receipt of, or release of, information by **RISE for Autism** to or from creditors, credit reporting bureaus, state and federal authorities, and others in order to verify the information provided, or for any other reason related to the grant, and/or claims arising out of medical treatment and related activities paid for by **RISE for Autism**.
2. The applicant agrees to indemnify **RISE for Autism** and its officers and directors for any third-party claims arising out of or related to any action taken by the Foundation and its officers and directors pursuant to the policies and procedures of **RISE for Autism** with regard to this application and financial assistance (if any).
3. The applicant agrees that the acceptance of an application does not in any way bind **RISE for Autism** to provide assistance, and the extent and amount of any assistance



is at the sole discretion of *RISE for Autism*.



4. The applicant agrees that the obligations and rights under this Waiver of Claims and Indemnification section will survive beyond the grant period and remain in full force and effect.

*No amendment of these Terms and Conditions will be valid unless in writing and signed by **RISE for Autism** and Applicant*

*My signature indicates that I have read and understand the terms of this agreement:*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*