

2. Who will benefit from your idea and how?

May include children, teens, parents, siblings, etc.

3. During what time of the year would your idea take place? How often would it occur?

Such as every week day for a certain number of weeks, once per week, once per month, once per year, etc.

4. How much do you think it will cost to implement your idea?

Cost of materials, cost to rent equipment, cost to rent space, hire staff, etc.

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Please complete the following questions to the best of your ability. Please feel free to contact the Family Support Coordinator or Community Event Coordinator nearest you for assistance.

5. Could donations of materials or services be arranged to lower expenses for your idea?

6. Suggest local community service provider(s) that could potentially partner with the Programme to implement your idea.

7. Can you name families affected by ASD who you know would support your idea?

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8. Does your idea meet Autism Ontario policy criteria for safety, insurance coverage, and adequate levels of supervision for individuals with ASD?

List any possible concerns.

9. Please list the names and contact information for volunteers who would be willing to assist with the implementation of your idea:

Volunteer Name

Phone/Email

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Idea submitted by:

Please print clearly

Signature

Date

Identified Lead for this proposal:

Please print clearly

Signature

Date

For Autism Ontario Staff Only:

Received by: _____ Date: _____

Approved Date reviewed: _____

Not Approved Reason: _____