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| --- | --- |
| **Date** |  |
| **Organization Name** |  |
| **Address** |  |
| **Contact Name** |  |
| **Contact Email** |  |
| **Contact Phone Number** |  |
| **EIN** |  |
| **Website** |  |

**Organization overview**

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**Purpose of this grant**

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| **What percentage of individuals impacted by this grant are on the autism spectrum?** |  |
| **How many individuals from your group participated in last years’ Evan’s Run?** |  |
| **Grant amount requested** |  |