

THE THERESA FOUNDATION

Serving Children with Special Needs

250 Lido Boulevard, Lido Beach, New York 11561

Tel #: (516)897-7100

GRANT APPLICATION FORM

A. ORGANIZATION/APPLICANT:

NAME OF ORGANIZATION OR APPLICANT:	
ORGANIZATION ADDRESS: PHONE: FAX: E-MAIL ADDRESS:	
NAME OF PROJECT DIRECTOR OR CONTACT PERSON:	

B. OVERALL PURPOSE AND/OR MISSION OF THE APPLICANT/ORGANIZATION:

C. ACTIVITIES OR SERVICES FOR DISABLED CHILDREN:

APPLICATION FOR: (Please check all that apply)

- 1. ASSISTIVE DEVICES/EQUIPMENT
- 2. RECREATION PROGRAMS (summer camp, after school clubs, enrichment...)
- 3. CREATIVE ARTS AND HUMANITIES - DANCE, ART, MUSIC
- 4. Other (Please describe)
- 5. Amount of funds requested from the Theresa Foundation
\$ _____

TF is interested in the growth, development and general well being of children with special needs by promoting creative arts and humanities projects. Therefore, applicants requesting funds for Arts and Humanities projects are encouraged to design creative programs that will benefit two or more children. The activities must focus on encouraging and assisting children with special needs in the arts and humanities. This program is designed to stimulate creative efforts. Please provide a video-tape of the sessions or workshops performed within their organization.

AGES OF CHILDREN TO BE SERVED	
TOTAL NUMBER OF CHILDREN TO BE SERVED	

Briefly describe the disability(ies) of the children/patients for whom assistance is required:

Please provide information to demonstrate how these funds will be used. Please be specific.

(Use this space to provide any additional information you deem relevant to assist the Theresa Foundation in understanding your circumstances surrounding this request:

Estimated cost of program or services: (include item budget) \$ _____

Provide three (3) professional references

Name	Address	Phone#	Relationship

Please list Other funding:

Organization(public/private)	Total Funds Received
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Briefly describe your program:

1. A) On going program or B) new program:

2. A) Number of Classes, B) number of Students per class, C) length of classes and D) frequency of Classes:

3. Types of disabilities (ex., CP/hearing impaired, down syndrome visually impaired. etc.)

4. *Content of lesson(s) (you may include sample lesson plans):

5. Other information:

***Dance applicants include video of teaching/choreography etc.**

Music - audio/visual materials

Art - photographs of work/lessons

I certify that this application is true and accurate to the best of my knowledge.

PROJECT DIRECTOR/CONTACT PERSON:

AUTHORIZED INSTITUTIONAL REPRESENTATIVE

DATE

PRINT NAME OF REPRESENTATIVE

SIGNATURE OF REPRESENTATIVE

DATE

Enclosed are the following:

Yes (Please Check)

References

Application – All parts completed

CV/Resume

Video

Financial Information

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