



250 Lido Boulevard, Lido Beach, New York 11561 (516) 432-0200

www.theresafoundation.org

**Grant Application**

**Deadlines:** January 15th (Spring/Summer Grants) & July 15th (Fall/Winter Grants)

**A. ORGANIZATION/APPLICANT:**

Name of Organization or Applicant:	
Organization Address:	
Taxpayer ID Number	
Phone:	
Fax:	
Email address:	
Name of proposal director or contact person:	

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



**C. ACTIVITIES OR SERVICES FOR CHILDREN WITH DISABILITIES**

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**D. APPLICATION FOR: (please check all that apply)**

- Assistive Devices/ Equipment
- Recreation Programs (summer camp, after school clubs, enrichment...)
- Creative Arts and Humanities – Dance, Art, Music
- Other (please describe) \_\_\_\_\_

**E. AMOUNT REQUESTED FROM THE THERESA FOUNDATION: \$ \_\_\_\_\_**

TARF 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 designed to stimulate creative efforts. Please provide a video of the sessions or workshops performed within your organization.

**F. POPULATION SERVED**

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



**G. BRIEFLY DESCRIBE THE DISABILITY OF THE CHILDREN/PATIENTS FOR WHOM ASSISTANCE IS REQUIRED:**

**H. PLEASE PROVIDE INFORMATION TO DEMONSTRATE HOW THESE FUNDS WILL BE USED. PLEASE BE SPECIFIC.**

**I. USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION YOU DEEM RELEVANT TO ASSIST THE THERESA FOUNDATION IN UNDERSTANDING YOUR CIRCUMSTANCES SURROUNDING THE REQUEST:**



**J. IN WHAT WAYS WILL YOUR ORGANIZATION RECOGNIZE THE THERESA FOUNDATION FOR THE GRANT PROVIDED TO YOU?**

**K. ESTIMATED COST OF PROGRAM OR SERVICES (INCLUDE ITEM BUDGET)**

\$ \_\_\_\_\_



**L. PROVIDE THREE (3) PROFESSIONAL REFERENCES**

Name	Address	Phone Number	Relationship

**M. PLEASE LIST OTHER FUNDING:**

**Organization (public/private)**

**Total Funds Received (Expected)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_



**N. BRIEFLY DESCRIBE YOUR PROGRAM**

1. Ongoing or new program:

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2. Number of classes, number of students per class, length of classes, frequency of classes

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3. Types of special needs (CP/hearing impaired, Down Syndrome, visually impaired, etc.)

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4. Content of lesson(s). You may include sample lesson plans. For Dance applicants, please include a DVD of teaching/choreography, etc. Music, Art, and Drama applicants, please include audio/visual materials and/or photographs.

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Other information:



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

\_\_\_\_\_  
PROJECT DIRECTOR/CONTACT PERSON SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT PROJECT DIRECTOR/CONTACT PERSON NAME

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT PROJECT DIRECTOR/CONTACT PERSON NAME

**P. Enclosed are the following (Please check all that apply)**

- Application – All parts completed
- Financial Information
- References
- CV/Resume
- DVD/Materials