



250 Lido Boulevard, Lido Beach, New York 11561  
 (516) 432-0200 | [www.theresafoundation.org](http://www.theresafoundation.org)

## Grant Application Form

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

The Theresa Foundation is interested in the growth, development and general well being of children with special needs by promoting creative arts and recreation. Therefore, applicants requesting funds for arts and recreation projects are encouraged to design creative programs that will benefit children. The activities must focus on encouraging and assisting children with special needs in the areas of the arts and recreation designed to stimulate creative efforts.

TAPA@ is a branded extension of the Theresa Foundation that focuses on dance, music, art and drama. If your creative program focuses on dance, music, art or drama your request will be considered a TAPA@ grant application.

**Instructions:** Please type all proposals using the guidelines provided. Answer all questions in the order listed. Final decisions will be made by the Board of Directors with input from the Funding Panel. Please submit the application via email and if additional materials are required, please mail to: 250 Lido Boulevard, Lido Beach, New York 11561.

### A. ORGANIZATION/APPLICANT:

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



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

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**C. ACTIVITIES OR SERVICES FOR CHILDREN WITH SPECIAL NEEDS**

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

<p><input type="checkbox"/> Assistive Devices/ Equipment</p> <p><input type="checkbox"/> Recreation Programs</p> <p><input type="checkbox"/> Creative Arts (Dance, Art, Music and Drama)</p> <p><input type="checkbox"/> Other (please describe) _____</p>
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E. AMOUNT REQUESTED FROM THE THERESA FOUNDATION: \$ \_\_\_\_\_

F. BRIEFLY DESCRIBE YOUR PROGRAM

1.	<input type="checkbox"/> Ongoing <input type="checkbox"/> New Program
2.	Number of classes: _____ Number of students per class: _____ Length of classes: _____ Frequency of classes: _____
3.	Content of lesson(s). 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. _____

Other information:




**G. POPULATION SERVED**

AGES OF CHILDREN TO BE SERVED	<hr/> <hr/>
TOTAL NUMBER OF CHILDREN TO BE SERVED	<hr/> <hr/>

**H. PLEASE PROVIDE A VIDEO OR LINK TO YOUR PROGRAM OR WORKSHOP:**

<hr/> <input type="checkbox"/> Check box if materials are sent in the mail
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**I. BRIEFLY DESCRIBE THE SPECIAL NEEDS OF THE CHILDREN FOR WHOM THE PROGRAM SERVES:**

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**J. PLEASE EXPLAIN HOW THESE FUNDS WILL BE USED. PLEASE BE SPECIFIC.**

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**K. PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU DEEM APPROPRIATE:**

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**L. IN WHAT WAYS WILL YOUR ORGANIZATION RECOGNIZE THE THERESA FOUNDATION FOR THE GRANT PROVIDED TO YOU? (please check all that apply)**

Promotional materials

Website

E-blast

Flyer

Blog

TAPA@

Other (Please explain): \_\_\_\_\_  
\_\_\_\_\_

**M. ESTIMATED COST OF OVERALL PROGRAM (INCLUDE ITEMIZED BUDGET)**

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




**N. PLEASE LIST OTHER FUNDING SOURCES:**

Organization (public/private)	Total Funds Received (Expected)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

Name	Address	Phone Number	Relationship



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

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

**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