

Rehab Therapy Foundation

RehabTherapyFoundation.org

GRANT APPLICATION INSTRUCTIONS

FUNDING CYCLE: Grant applications are reviewed and awarded once per year. The **original plus ten (10) copies of the Application and Cover Sheet must be postmarked no later than February 28, 2007.** Note - Only one (1) copy of the Attachments is required. Award recipient(s) will be notified by mail in mid-June.

PRIORITIES:

- ❖ Serve children with developmental disabilities and their families.
- ❖ Impact inadequately insured or under-served children with developmental disabilities and their families.

ELIGIBILITY: Applicant must be a non-profit 501(c)(3) organization or a public school in North Carolina. Proposals benefiting religious organizations, university level education, research, events, individuals, trusts, or political causes will not be funded.

FUNDING: Total funding awarded per cycle is approximately \$50,000 (may be split among multiple recipients).

REPORTING REQUIREMENTS: If awarded a grant, the grantee agrees to submit a minimum of two (2) progress reports detailing the status of the project, the disposition of the funds awarded, and data related to evaluating the project's success. An **Interim Report** is required on or before December of the year the funds were awarded and a **Final Report** is due at the completion of the project. The grantee further agrees to present the project's status to the Foundation, if requested and/or the Foundation may request to visit the project in person.

COMPLIANCE: Rehab Therapy Foundation reserves the right to terminate funding to grant recipient for non-compliance.

QUESTIONS: Inquiries may be directed to: info@rehabtherapyfoundation.org

SUBMIT APPLICATION (11 copies) PLUS ATTACHMENTS (1 copy)

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GRANT APPLICATION FORMAT and CONTENT

FORMAT: The grant application must adhere to the following format requirements:

- ❖ 8.5” x 11” paper
- ❖ 12 pt. Font
- ❖ Double-spaced
- ❖ Standard margins
- ❖ Not to exceed (5) five pages (excluding the attachments)

Applications failing to adhere to these requirements ***will not*** be accepted.

CONTENT:

The applications must address the nine (9) topics below, in the prescribed order, and as separate paragraphs.

1. **Need:** Describe the specific need the Project will address.
2. **Purpose:** Describe the purpose of the Project and its significance.
3. **Specific Goals:** Describe the specific goals and activities of the Project, which will address the stated need.
4. **Outcomes:** Describe the anticipated outcomes, product, or results of the Project.
5. **Time Line:** Indicate starting and ending date of Project, and detail the sequence of steps to complete the Project.
6. **Evaluation:** Describe how you plan to evaluate the project’s successes against its goals describing specific performance measures and evaluation methods.
7. **Budget:** Describe, in detail, how the requested funds will be spent.
8. **Other Funding:** List the status of all Project grant applications for the proposed grant year.
9. **Continuation:** Describe how you intend to continue funding the Project after the proposed grant year.

ATTACHMENTS:

One (1) copy of the following Attachments must be included as an appendix.

- ❖ IRS letter indicating 501(c)(3) status (with the exception of public schools)
- ❖ Most recent certified Financial Audit Statement
- ❖ Curriculum Vita of Project Director (max. 2 pages)
- ❖ List of Board of Directors and titles
- ❖ Letters of Support (optional)

No other materials in support of the Application are permitted.

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COVER SHEET

Application # _____
(To be assigned by RehabTherapy)

ORGANIZATION

Official Name of Organization: _____ IRS status: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Phone: _____ Fax Number: _____

Email Address: _____ Web Site: _____

Summarize activities of the Organization:

APPLICANT PROJECT

Project: _____ Project Director: _____

Address of site where funds will be used: _____

How did you learn of the opportunity of funding through Rehab Therapy Foundation, Inc.: _____

Brief description of Project:

SUBMITTED BY:

Type Name of CEO/President of Board of Directors

Signature of CEO/President of Board of Directors

Date Signed: _____