

ORANGE EFFECT FOUNDATION

GRANT APPLICATION FOR INDIVIDUALS

Thank you for your interest in applying for a grant from the Orange Effect Foundation. Founded in 2014, the Orange Effect Foundation is a 501(c)3 foundation that empowers children and young adults with speech disorders to effectively communicate through technology and speech therapy.

The Board of Directors will review and provide grants to individuals in accordance with our guidelines and policies. Applications are reviewed and grants are awarded on a quarterly basis.

Deadline dates are February 15, May 15, August 15, and November 15. You will receive notification of the Board's decision within 60 days of the application deadline. Notification will be sent via email to the person nominating the applicant.

Please use the Application Checklist on the following page to ensure your application is complete. Only complete application forms will be considered.

Grants are considered for children and young adults who are up to 21 years of age.

Please print this application and send it via U.S. mail. Submit your completed application and all supporting materials to the Orange Effect Foundation at the address below:

The Orange Effect Foundation
17040 Amber Drive
Cleveland, OH 44111

For questions and other inquiries, please visit theorangeeffect.org
or contact the Orange Effect Foundation at info@theorangeeffect.org

APPLICATION CHECKLIST

The following items are required to be completed or submitted with your application. Incomplete applications will not be considered and you will not be notified if the application is incomplete.

- **Current Speech and Language Evaluation and/or Reports** completed by an ASHA licensed speech and language pathologist. The evaluation should identify the applicant's communication disorder along with standardized assessments demonstrating the need for assistive technology or therapy. Evaluations/reports must be on professional letterhead and dated within two years of the date of application. Evaluations can be conducted by a private SLP or a school district's SLP as part of an IEP.
 - Completed and signed school IEPs can be included as supplementary information and to confirm school services. Treatment recommendations by the speech therapist must be included and the IEP must be current for that school year. Please send only the cover page and pages relevant to speech and language. The IEP does not replace the need for a speech and language evaluation/report.
 - If applying for assistive technology, please include a statement from a speech and language pathologist as to why this technology is required.
- **Documentation of Insurance Coverage** including name of insurance carrier, deductible, number of speech therapy sessions covered per year, and amount that insurance covers per therapy session. If this is not a covered service, you must provide a denial letter from the insurance company or a copy of your Explanation of Benefits page.
- **Copy of Federal IRS 1040 Form.** Please delete or redact all social security numbers. If you cannot provide a copy of an IRS 1040, please contact us via email (info@theorangeeffect.org) before submitting your application.
- **Service Provider Contact Info** including facility and therapist where applicant will be receiving treatment. The therapist must be informed that you are applying for a grant through their facility as the service provider.
- **Formal Quote of Service.** If applying for a grant to be used for therapy, a formal quote of service on the service provider's letterhead must be included with the application detailing cost per session and the name of the therapist who will be providing treatment.
- **Assistive Technology Devices and Applications.** If applying for a grant for an assistive technology device, a formal Augmentative and Alternative Communication (AAC) Evaluation conducted by an ASHA certified SLP must be included stating that different pieces of technology have been trialed and what you are requesting is the best fit for a means of communication. The Orange Effect Foundation awards grants for software applications. An AAC evaluation is required for software application requests. If you require assistance in obtaining an AAC evaluation, contact either your school district or ASHA (www.asha.org).
- **Materials/Devices.** If applying for materials/equipment, please include the following information: a copy of the manufacturer's quote for the cost of the equipment or a copy of the manufacturer's receipt for purchase of the equipment. The full name of the device, price, and descriptive information must be provided.
- **Missing Information.** In the event your application is incomplete, you will be notified via email. You may submit missing information but please note that your application will be held for review and consideration until the next award cycle.

SECTION 1. CHILD - FAMILY HISTORY

Date	
Child's First Name	
Child's Last Name	
Child's Date of Birth	
Child's Age	
Child's Gender	
Home Address	
City, State, Zip Code	
County	
Primary Phone Number (include area code)	
Family Email Address	
Parent/Caregiver "A" Name	
Relationship to Child	
Occupation	
Name of Employer	
Parent/Caregiver "B" Name	
Relationship to Child	
Occupation	
Name of Employer	
Number of Children Living in the Home	
Primary Language Spoken in the Home	
Child's Primary Mode of Communication	
Diagnosis of Child	
Grade Level of Child	
Name of Attending School or Treatment Facility	

ORANGE EFFECT FOUNDATION

PLEASE SELECT YOUR CURRENT ANNUAL HOUSEHOLD INCOME:		
<input type="radio"/> Under \$30,000	<input type="radio"/> \$75,000 - \$99,999	
<input type="radio"/> \$30,000 - \$49,999	<input type="radio"/> \$100,000 and above	
<input type="radio"/> \$50,000 - \$74,999	<input type="radio"/> (For office use only: Copy of Recent IRS 1040 form submitted with application. Social security numbers deleted or redacted.)	
SUPPORTING MATERIALS WITH APPLICATION:		
Are photos enclosed in this application?	<input type="radio"/> Yes	<input type="radio"/> No
Are videos enclosed in this application?	<input type="radio"/> Yes	<input type="radio"/> No
Photographs and videos are reviewed by the Board of Directors of the Orange Effect Foundation to understand the child's condition and have no other influence on the grant decision. All photos and videos become the property of the Orange Effect Foundation.		
AMOUNT REQUESTED		

SECTION 2. PERSON NOMINATING A CHILD.

- Check here if this information is the same as Section 1 and proceed to Section 3.

Name	
Home Address	
City, State, Zip Code	
County	
Primary Phone Number	
Email Address	
Relationship to Applicant	
Place of Employment	
Years Employed	

SECTION 3. PROFESSIONAL SERVICE PROVIDER INFORMATION.

Please note: It is the applicant’s responsibility to identify a service provider. Providers must be informed that an application is being submitted for a grant from the Orange Effect Foundation.

- The service provider has been informed of this grant application. (Required)
- If applicable, provide a copy of the last two statement bills from therapy provider on professional letterhead.
- A formal quote of service is included on provider’s letterhead detailing cost per session and the name of the therapist with whom the child will work.

Therapist Name	
Address	
City, State, Zip Code	
County	
Primary Phone Number	
Email Address	
ASHA #	
License #	

SECTION 4. HOW DID YOU HEAR ABOUT THE ORANGE EFFECT FOUNDATION?

SECTION 5. SPECIFIC GRANT REQUEST.

Please state how much is requested, what the grant will be used for and why it is needed. Please provide this information in 200 words or less in the space below or on a separate sheet of paper. If requesting speech therapy, please state the frequency of therapy (i.e., once a week, twice a month). If requesting assistive technology or software, include how the technology will be used, a copy of the manufacturer's quote for the cost of the equipment or a copy of the manufacturer's receipt for purchase of the equipment, and the full name of the device, price, and descriptive information.

SECTION 6. APPLICANT'S STORY

Please provide relevant information about the child as it relates to communication disorders. Provide this information in the space below or on a separate sheet of paper in 500 words or less. The information can include, but is not limited to, how technology/treatment will improve the applicant's daily life, will help the long-term outlook of the applicant and/or how the technology/treatment will affect the family's quality of life. Also consider providing information about the prognosis in therapy, treatment history, and treatment goals of the applicant. Tell us why this technology/treatment is important.

SECTION 7. ADDITIONAL ASSISTANCE.

Is the applicant currently receiving private speech services?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, where?		
If yes, how often?		
If yes, what type? (Individual/Group/Consultation)		
Does the applicant currently receive speech therapy through the school system?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please list how many sessions per week in each setting.		
If the answer to the question above is no and the child is over the age of three, please explain the rationale for not receiving school-based speech therapy.		
Does the applicant receive any other funding from other sources including any other grants, family support, scholarships, etc.?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain past and present support (include amount of financial support and when that support will expire, along with the name of the organization or family member that provided assistance.		
Has the applicant applied for an Orange Effect Foundation grant in the past?	<input type="radio"/> Yes	<input type="radio"/> No
Has a sibling received a grant from the Orange Effect Foundation?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, what is the sibling's name?		

SECTION 8. INSURANCE.

Does the applicant have insurance coverage for the requested services?	<input type="radio"/> Yes	<input type="radio"/> No
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If yes, please provide documentation from the insurance company that includes name of insurance carrier, deductible, number of speech therapy sessions covered per year, amount that insurance covers per therapy session, and co-insurance from the Explanation of Benefits page or a letter. insurance carrier, deductible, number of speech therapy sessions covered per year, and amount that insurance covers per therapy session.

If no, you must include a denial letter from the insurance company or a copy of the Explanation of Benefits page from the insurance company that describes what is covered for speech therapy or exclusions.

If applying for an AAC device, include the Explanation of Benefits page.

If speech services are covered for an in-network provider and you are choosing an out-of-network provider, please explain why in detail below.

PRIVACY AND TERMS OF USE

The Orange Effect Foundation respects your privacy. The information received by the Orange Effect Foundation will be used solely to determine awarding a charitable grant. We will not sell your email address or share your personal information with anyone other than a representative of the foundation. Please be advised that your photos may be used for promotional purposes. You agree that the Orange Effect Foundation may keep, use, or dispose of the materials you provide in a reasonable manner. The Orange Effect Foundation shall have no liability relating to the use or the destruction of this property. You agree that all information provided to the Orange Effect Foundation is truthful and accurate. Any attempt to falsify information will result in dismissal of the application and the applicant will be removed from future grant consideration. Submission of any personal information constitutes an agreement to the Orange Effect Foundation's Privacy and Terms of Use Policy.

You agree to indemnify, defend and hold harmless the Orange Effect Foundation from and against any and all losses, damage, liability, and cost of every nature incurred by them in connection with any claim, damage, or loss related to or arising out of any assistance provided, any alleged breach or breach by you of these terms. The Orange Effect Foundation shall have no civil liability to the recipient beyond the



amount of the grant, if awarded. The Orange Effect Foundation does not endorse or guarantee in any manner the outcome of any treatment or therapeutic device. You agree to cooperate fully in the defense of any of the foregoing.

The Orange Effect Foundation may amend the Privacy and Terms of Use Policy and all amendments shall be effective immediately. The Orange Effect Foundation does not discriminate against race, gender, religion, nationality, disability, or sexual orientation.

To the full extent allowed by law, you agree that the Orange Effect Foundation will not be liable to you or anyone else for any special, consequential, incidental, or punitive damages, damages for lost profits, for loss of privacy or security, for loss of reputation, for failure to meet any duty, or for any other similar damages whatsoever that arise out of or are related to any aspect of the application and information disclosed.

With my signature, I understand that I agree to the Privacy and Terms of Use and give the Orange Effect Foundation permission to contact all related service providers as mentioned in this application.

Signature of Parent/Legal Guardian _____

Date _____

Printed Name of Parent/Legal Guardian _____

I verify that I am the above named person and the name I have provided is my own.

I understand that false statements will immediately invalidate my application to the Orange Effect Foundation.

Signature of Person Nominating Child, if other than parent _____

Date _____

Printed Name of Person Nominating Child, if other than parent _____

I verify that I am the above named person and the name I have provided is my own.

I understand that false statements will immediately invalidate my application to the Orange Effect Foundation.