

# ORANGE EFFECT FOUNDATION

## GRANT APPLICATION

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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 communicate effectively 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 40 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 that your application is complete. Only complete application forms sent via U.S. mail will be considered. We cannot accept emailed applications.

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

Please review our Frequently Asked Questions before applying to ensure your application meets the guidelines. These can be found on our website at [www.theorangeeffect.org/faq](http://www.theorangeeffect.org/faq)

Mail 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](http://theorangeeffect.org)  
or contact the Orange Effect Foundation at [info@theorangeeffect.org](mailto:info@theorangeeffect.org)

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## APPLICATION CHECKLIST

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The following items are required to be completed or submitted with your application. Incomplete applications will not be considered.

- **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(s). If married filing individually, an IRS 1040 Form for each parent/guardian in the household must be submitted.** 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](mailto: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](http://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.

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## SECTION 1. CHILD AND HOUSEHOLD INFORMATION

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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 (with area code)	
Family Email Address	
Parent/Guardian Name	
Relationship to Child	
Occupation	
Name of Employer	
Parent/Guardian Name	
Relationship to Child	
Occupation	
Name of Employer	
Number of Children Living in the Home	
Language Spoken in the Home	
Child's Mode of Communication	
Diagnosis of Child	
Grade Level of Child	
School	

# ORANGE EFFECT FOUNDATION

<b>PLEASE SELECT YOUR CURRENT ANNUAL HOUSEHOLD INCOME:</b>		
<input type="radio"/> Under \$30,000	<input type="radio"/> \$90,000 - \$129,999	
<input type="radio"/> \$30,000 - \$59,999	<input type="radio"/> \$130,000 and above	
<input type="radio"/> \$60,000 - \$89,999	<input type="radio"/> (For office use only: Copy of Recent IRS 1040 form submitted with application. Social security numbers deleted or redacted.)	
<b>SUPPORTING MATERIALS WITH APPLICATION:</b>		
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
Please note that all photos and videos become the property of the Orange Effect Foundation and will not be returned. They may be used for promotional purposes.		
<b>AMOUNT REQUESTED</b>		

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## SECTION 2. INDIVIDUAL NOMINATING A CHILD FOR AN ORANGE EFFECT GRANT

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- Check here if this information is the same as Section 1. Skip ahead to Section 3.

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

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### SECTION 3. SERVICE PROVIDER INFORMATION.

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Speech-language therapists must be informed that an application is being submitted for a grant from the Orange Effect Foundation.

- Please provide a copy of the last two statement bills from the therapist on professional letterhead.
- You must provide a formal quote of service on the therapist's letterhead that shows the cost per session and insurance contribution (if any).

Name of Speech-language Therapist	
Name of Therapy Practice or Facility	
Address	
City, State, Zip Code	
Phone Number	
Email Address	
ASHA #	
State License #	

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

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**SECTION 5. SPECIFIC GRANT REQUEST.**

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Please tell us how much you are requesting and what the grant will be used for. Limit your response to 200 words or less. You may use the space below or attach your reply on a separate sheet of paper.

If you are requesting assistance with paying for speech therapy, include information about how often the child attends therapy. If you are requesting assistance with paying for a speech device or software, please include information about how the technology will be used. Device and software requests must include a copy of the manufacturer's quote for the cost of the equipment/software. You must also include the full name of the equipment/software, price, and descriptive information.

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**SECTION 6. WHY DOES THIS CHILD NEED AN ORANGE EFFECT GRANT?**

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In 400 words or less, please tell us about your child and any relevant information about their communication disorder. We would specifically like to know why an Orange Effect grant is needed and how it will improve the child and/or family's quality of life.

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**SECTION 7. ADDITIONAL ASSISTANCE.**

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Does the child receive private speech therapy?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, where?		
If yes, how often?		
If yes, please indicate whether this is individual or group-based therapy.		
Does the child receive speech therapy at school?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please list how many sessions the child receives.		
If no and the child is over age 3, please explain why the child does not receive school-based speech therapy.		
Does the applicant receive funding from other sources (grants, family support, scholarships, etc.)?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain past and present support. Include name of granting organization, amount of financial support, and when that support expires or expired.		
Is this child a recipient of a prior grant from the Orange Effect Foundation?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please indicate the amount received.		
Has a sibling received an Orange Effect grant? If yes, please provide his/her name.		



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**SECTION 8. MEDICAL INSURANCE.**

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Does the applicant have insurance coverage for the requested services or equipment?	<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.

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, please 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 only to determine whether to award 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 any photos that you submit 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.