

ORANGE EFFECT FOUNDATION

GRANT APPLICATION

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 speech therapy and technology.

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 consult the Application Checklist on the following page to ensure your application is complete. Only complete applications sent via US Mail will be considered. Applications must be postmarked by the deadline date. We cannot accept emailed or faxed applications.

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

Mail your completed application and all supporting materials to The Orange Effect Foundation at this address:

The Orange Effect Foundation
17040 Amber Drive
Cleveland, Ohio 44111

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

APPLICATION CHECKLIST

The following are required. Incomplete applications will not be considered. Please see the FAQ section on our website, www.theorangeeffect.org, for additional information about the application process, who and what we fund, and grant award distribution.

- ★ **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. 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 Medical Insurance Coverage** including name of insurance carrier, deductible, number of speech therapy sessions covered per year, and the amount insurance covers per 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 submit tax information black out all social security numbers. If you cannot provide a copy of an IRS 1040, please contact us.
- ★ **Service Provider Contact Info** including facility where the applicant will receive treatment. The therapist must be informed that you are applying for a grant.
- ★ **Formal Quote of Service.** If applying for a grant to fund speech therapy, a formal quote of service on the service provider's letterhead must be submitted. It should detail cost per session and the name of the therapist who will provide treatment.
- ★ **Assistive Technology Devices and Software Applications.** If applying for a grant for an assistive technology device, an Augmentative and Alternative Communicate (AAC) Evaluation conducted by an ASHA-certified SLP must be included that demonstrates different pieces of technology have been trialed and that what is requested is the best fit for the child. An AAC Evaluation is also required for software application requests. Please contact your school district or ASHA (www.asha.org) if you need assistance obtaining an AAC Evaluation.
- ★ **Materials/Equipment.** If applying for materials/equipment, please include: a copy of the manufacturer's quote for the cost of the equipment. The full name of the device, price, and descriptive information must be provided.
- ★ **Missing Information.** If an incomplete application is submitted, you will be notified via email. You may submit missing information but please be aware that your application will be held for review and consideration until the next grant award cycle.

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SECTION 1. CHILD AND HOUSEHOLD INFORMATION

AMOUNT REQUESTED	
CHILD'S FIRST NAME	
CHILD'S LAST NAME	
CHILD'S DATE OF BIRTH	
CHILD'S HOME ADDRESS	
CHILD'S CITY, STATE, ZIP CODE	
PRIMARY PHONE NUMBER	
PRIMARY EMAIL ADDRESS	
PARENT/GUARDIAN NAME (1)	
RELATIONSHIP TO CHILD	
NAME OF EMPLOYER	
OCCUPATION	
PARENT/GUARDIAN (2)	
RELATIONSHIP TO CHILD	
NAME OF EMPLOYER	
OCCUPATION	
NUMBER OF CHILDREN LIVING IN THE HOME	
CHILD'S DIAGNOSIS	
CHILD'S MODE OF COMMUNICATION	
DATE OF MOST RECENT SPEECH EVALUATION	
GRADE LEVEL OF CHILD	
NAME OF SCHOOL CHILD ATTENDS	

ORANGE EFFECT FOUNDATION

ARE PHOTOS OR VIDEOS INCLUDED WITH THE APPLICATION? _____

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.

SECTION 2. INDIVIDUAL NOMINATING CHILD FOR AN ORANGE EFFECT GRANT

Check here if this information is the same as Section 1. If so, go to Section 3.

NAME OF PERSON NOMINATING CHILD	
RELATIONSHIP TO APPLICANT	
ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER	
EMAIL ADDRESS	
NAME OF EMPLOYER	
OCCUPATION	

SECTION 3. SERVICE PROVIDER INFORMATION

Speech-language therapists must be notified that an application is being submitted. Please provide the following:

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

SPEECH-LANGUAGE THERAPIST	
NAME OF THERAPY PRACTICE/FACILITY	
ADDRESS	
CITY, STATE, ZIP CODE	
PHONE NUMBER	
EMAIL ADDRESS	
ASHA #	



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

SECTION 5. SPECIFIC GRANT REQUEST

How much are you requesting? What will the grant be used for? Please know that we fund only one speech therapy session per week, one week of summer camp, or one speech device. Limit your response to 200 words or less. Attach your reply on a separate sheet of paper.

SECTION 6. WHY DOES THE CHILD NEED A GRANT FROM THE ORANGE EFFECT FOUNDATION?

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 their family's quality of life.

SECTION 7. MEDICAL INSURANCE

DOES THE CHILD HAVE INSURANCE COVERAGE FOR THE REQUESTED SERVICES OR TECHNOLOGY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, please provide documentation from the insurance company that includes the name of the 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 a speech device, please include the Explanation of Benefits page.

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

ORANGE EFFECT FOUNDATION

SECTION 8. ADDITIONAL ASSISTANCE

DOES THE CHILD RECEIVE PRIVATE SPEECH THERAPY?	
IF YES, WHERE?	
IF YES, HOW OFTEN?	
IF YES, IS THIS INDIVIDUAL OR GROUP THERAPY?	
DOES THE CHILD RECEIVE THERAPY AT SCHOOL?	
IF YES, HOW MANY SESSIONS AT SCHOOL DOES THE CHILD RECEIVE?	
IF NO AND THE CHILD IS OLDER THAN 3, PLEASE EXPLAIN WHY SCHOOL-BASED THERAPY IS NOT RECEIVED.	
DOES THE CHILD RECEIVE FUNDING FROM OTHER SOURCES (EX. GRANTS, FAMILY SUPPORT, SCHOLARSHIPS)?	
IF YES, PLEASE EXPLAIN PAST AND PRESENT SUPPORT. PROVIDE NAME OF GRANT ORGANIZATION, AMOUNT RECEIVED, AND EXPIRATION.	
HAS THE CHILD EVER RECEIVED A GRANT FROM THE ORANGE EFFECT FOUNDATION?	
HAS A SIBLING EVER RECEIVED A GRANT FROM THE ORANGE EFFECT FOUNDATION? IF YES, PLEASE PROVIDE THEIR NAME.	

ORANGE EFFECT FOUNDATION

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 applicants 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 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 mentioned in this application.

Signature of Parent/Legal Guardian _____

Printed Name of Parent/Legal Guardian _____

Date _____

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 _____

Printed Name of Parent/Legal Guardian _____

Date _____

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.