

# 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 1, May 1, August 1, and November 1. You will receive notification of the Board's decision within 45 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. 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 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)

## APPLICATION CHECKLIST

The following items are required to be completed or submitted with your application. Incomplete applications will not be considered. Please see the Frequently Asked Questions section on our website, [www.theorangeeffect.org](http://www.theorangeeffect.org), for additional information about applying for a grant and the grant award process.

- **Current Speech and Language Evaluation**
  - Completed by American Speech-Language-Hearing Association (ASHA)-certified and state-licensed speech-language pathologist (SLP)
  - Evaluation should include applicant's disorder with standardized assessment demonstrating need for speech-language therapy
  - Evaluation can be conducted by a private SLP, outside agency (e.g., hospital or county agency) or school district's Evaluation Team Report
  - Evaluation must be within two years of date of application
- **Current Speech-Language Treatment Plan and Progress Report**
  - Include treatment plan and progress report and/or IEP and progress report within six months of the date of application
- **Augmentative and Alternative Communication Device (AAC)**
  - If applying for an AAC and/or assistive technology device, an AAC evaluation must be included with trial use of devices and rationale for the recommended device
  - AAC evaluations must be completed by an ASHA-certified and state-licensed speech-language pathologist
  - If you require assistance in obtaining an AAC evaluation, contact either your school district or ASHA ([www.asha.org](http://www.asha.org))
  - Please include the full name of the device, price, and descriptive information
  - A copy of the manufacturer's quote for the cost of the equipment is required
- **Service Provider Contact Information**
  - Include the name of the speech-language pathologist who will provide services, and the name and address of the facility where services will be performed
  - Cost of service per session must be included on the provider's letterhead
  - The speech-language pathologist must be informed that you are applying for a grant through their facility
- **Documentation of Insurance Coverage**
  - Include the name of the insurance carrier, deductible, number of speech therapy sessions covered per year, and amount covered per session (if any)
  - If this is not a covered service, please provide a denial letter or a copy of the Explanation of Benefits page
- **Copy of Federal IRS 1040 Form**
  - Please black out all Social Security Numbers and bank routing information
  - If you are unable to provide a copy of an IRS 1040 Form, please contact us via email to explain why.

**Missing Information.** If your application is incomplete, you will be notified. You may submit missing information but it must be received by the next deadline for your application to be considered.

**SECTION 1. CHILD AND HOUSEHOLD INFORMATION**

AMOUNT REQUESTED	
CHILD'S FIRST NAME	
CHILD'S LAST NAME	
CHILD'S DATE OF BIRTH	
CHILD'S AGE	
CHILD'S HOME ADDRESS	
CHILD'S CITY, STATE	
PRIMARY PHONE NUMBER	
PRIMARY EMAIL ADDRESS	
PARENT/GUARDIAN NAME	
RELATIONSHIP TO CHILD	
NAME OF EMPLOYER	
OCCUPATION	
PARENT/GUARDIAN NAME	
RELATIONSHIP TO CHILD	
NAME OF EMPLOYER	
OCCUPATION	
# OF CHILDREN LIVING IN HOME	
CHILD'S DIAGNOSIS	
DATE OF SPEECH EVALUATION	
CHILD'S MODE OF COMMUNICATION	
GRADE LEVEL OF CHILD	
SCHOOL CHILD ATTENDS	

**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 THE GRANT

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

## SECTION 3. SERVICE PROVIDER INFORMATION

Speech-language pathologists must be informed that an application is being submitted.

- Please provide a copy of the last two statement bills from the speech-language pathologist on professional letterhead.
- You must provide a formal quote of service on the speech-language pathologist's letterhead that shows the cost per session and insurance contribution (if any).
- Please include the treatment plan, including goals, objectives, and measurable progress to date.

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

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

## **SECTION 5. SPECIFIC GRANT REQUEST**

How much you are 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 device. Limit your response to 200 words or less. 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. Please also include information about speech therapy that the child receives. 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.

## **SECTION 6. WHY DOES THIS 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/or family's quality of life.

**SECTION 7. ADDITIONAL ASSISTANCE**

**Does the child receive speech therapy from any of the following sources?  
Please check all that apply.**

- County early intervention (birth to age 3)**
- Public school system (preschool to grade 12)**
- Hospital speech-language pathologist**
- Speech-language pathologist in a clinic or private practice**

**If you do not receive county services for a child ages birth to age 3, or public school services for a child ages 3 to 21, or if you need to supplement these services, please explain why in the space below.**

**SECTION 8. MEDICAL INSURANCE**

<b>Does the child have insurance coverage for the requested services or equipment?</b>	<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-language services are covered for an in-network provider or government assisted program and you are choosing an out-of-network provider; please provide the following:

What are the specific services provided by the out-of-network speech-language pathologist?  
What is your rationale for selecting them?

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What is your reason for not choosing in-network or government assisted therapy options as provided by the county or school district?

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## 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 \_\_\_\_\_

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 Person Nominating Child, if other than parent \_\_\_\_\_

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.**