

**Special Kids Therapy's mission** is to serve children with various developmental, physical and/or emotional difficulties and their families, principally by raising money for therapies and services not covered by private/public insurance.

### Learning Opportunity/Minor Equipment Purchase Grants Fund

SKT is pleased to offer through the gifts of generous donors, grants to individuals or groups to:

- ♥ Obtain books, journals videotapes, software and other learning tools;
- ♥ Make equipment purchases
- ♥ Provide complimentary/alternative therapy or other needs for CSHCN

### Eligibility

SKT grants are available to any individual or group working with CSHCN supporting the mission of SKT.

The applicant must also demonstrate intent to use the learning experience or equipment for the betterment of CSHCN and their families in the State of Ohio.

### Suggested Guidelines

- First priority is given to individuals/groups whose proposed program/equipment purchase positively affects the greatest number of CSHCN
- Grants awarded for education are limited to in-state travel
- Grants awarded for professional development (education) require that a future program be presented within the calendar year
- Grants are not funded retroactively Funds are for future disbursements only.
- Grants are not awarded for personal gain only.
- Grant requests must be specific in nature.
- Grants are not awarded for annual continuing education training.
- Education/Minor Equipment requests should be limited to:
  - One time expense items only, not ongoing needs such as supplies, t-shirts, etc.

### Expense Breakdown

Grant requests must include one page detailing expense breakdowns and specific use of income.

## Application Deadlines

The SKT Grants Committee will receive and review grant applications quarterly during the calendar year. Grant applications must be received by the following dates in order to be processed quarterly.

- January 1
- April 1
- July 1
- October 1

Every effort will be made to notify applicants within 30 days following the quarterly application deadlines regarding Grants Committee's decisions.

## CHECKLIST

- Cover Letter
- Letter of Support from Project Leader
- Original copy of grant application with original signatures
- Support material (if necessary)
- Expense breakdown

## GRANT APPLICATIONS

Amount Applying For: \$ \_\_\_\_\_

Implementation Date: \_\_\_/\_\_\_/\_\_\_

Name (First, Last): \_\_\_\_\_

Job Title: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Describe the learning opportunity or piece of equipment for which you are seeking financial support.
2. Be specific about the learning activity (date, location, place, time, etc.) or describe the use for the equipment requested and time-frame for purchase of equipment.
3. Goal of learning experience or equipment purchase (include information on the number of people benefiting from award).
4. How does this learning activity or equipment purchase align with the strategic focus and priority needs of SKT?
5. What positive outcome will this learning experience or purchases of equipment have for you and the population?