

**ALYSSA’S ANGELS**  
**P.O. Box 93**  
**WEST LONG BRANCH, NJ 07764**  
**732-229-9393**

**GRANT APPLICATION FOR ORGANIZATIONS**

**Mission of Alyssa’s Angels**

The mission of Alyssa’s Angels is to assist children with disabilities and their families in leading happy and productive lives. We wish to help lessen their financial burden by providing funding for therapeutic recreation and durable medical equipment. We also support non-profit organizations that help children with disabilities.

Alyssa’s Angels is a non-profit 501(c)(3) organization. Alyssa’s Angels is an equal opportunity employer (to the extent they actually employ people) and does not discriminate on the basis of sex, race, sexual orientation, national origin or age.

**INSTRUCTIONS**

You may reproduce this form on your computer, or type or legibly print the requested information. Please keep your answers as concise as possible. This application is available on the web at [www.alyssasangels.com](http://www.alyssasangels.com).

**All grant applicants: Please complete all Sections, include the required attachments, and sign and date the application.**

**I. ORGANIZATION INFORMATION**

Name of Organization: \_\_\_\_\_

Description of Organization (type of business): \_\_\_\_\_

Is your organization a non-profit 501(c)(3)? \_\_\_\_\_

Date of Establishment: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization Web Address:  
\_\_\_\_\_

Executive Director (Mr. Mrs. Ms. Other): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Primary Contact, if other than Executive Director (Mr. Mrs. Ms. Other): \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Amount Requested: \$ \_\_\_\_\_ Date of Application: \_\_\_\_\_

2. Type of Request (check one):  Durable Medical Equipment  Therapeutic Recreation Equipment  Therapeutic Recreation Program  Other

3. Has the organization received a grant from Alyssa's Angels before?

Yes  No If yes, please list dates and amounts.

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

5. Please provide a brief overview of the organization, including its mission statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Approximately how many clients does the organization serve annually? \_\_\_\_\_

6A. How many of the organization's clients are disabled children?

\_\_\_\_\_

## II. FINANCIAL INFORMATION

Last year's revenue: \_\_\_\_\_

Current annual revenue: \_\_\_\_\_

Projected annual revenue: \_\_\_\_\_

The organization's current year budgeted expenses of \$ \_\_\_\_\_  
are \_\_\_\_%  higher  lower than the previous year's actual expenses.

During the current fiscal year \$ \_\_\_\_\_ or  
% of the total expense budget is for administrative/overhead and fundraising  
expenses. Has the organization experienced an operating deficit (i.e., expenses  
exceeded revenues) in the last two years?  Yes  No If yes, what was the  
amount of the deficit?

Year \_\_\_\_\_ Deficit \$ \_\_\_\_\_

Year \_\_\_\_\_ Deficit \$ \_\_\_\_\_

Please explain the deficit(s) above and the plan for reducing or eliminating it. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **III. MEDICAL AND/OR RECREATIONAL EQUIPMENT**

1. Is the organization seeking durable medical and/or recreational equipment?

\_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Specify the Equipment: \_\_\_\_\_

\_\_\_\_\_

Identify Equipment Supplier: \_\_\_\_\_

Address of Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_

Item Model # (if known): \_\_\_\_\_

Please attach any information available ie: brochure, picture of equipment, insurance  
denials, and explanation of benefits: \_\_\_\_\_

Cost of equipment: \_\_\_\_\_

Cost of equipment after insurance: \_\_\_\_\_

How will this equipment benefit a disabled child's life? \_\_\_\_\_

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Date Needed: \_\_\_\_\_

2. Is the request a financial one? \_\_\_\_\_

If yes, what amount is requested? \_\_\_\_\_

Date needed: \_\_\_\_\_

How will the financial assistance be used? \_\_\_\_\_

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How will this financial assistance benefit a disabled child's life?

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#### **IV. THERAPEUTIC RECREATION**

Please describe with specificity any therapeutic programs the organization currently provides and/or seeks to provide to disabled children.

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Please list the cost of these programs: \_\_\_\_\_

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What are the timelines for the program and for fundraising? \_\_\_\_\_

What is the budget for the program? \$ \_\_\_\_\_

Please explain how you have measured or will measure the success of the program \_\_\_\_\_

Please write a brief description on how the organization's services will enrich and improve the life of a child with a disability. How does this effort assist children with disabilities and their families in leading happy and productive lives? \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY AND LIABILITY RELEASE**

**relating to any assessments provided by applicant and/or any medical and/or recreational equipment provided by Alyssa's Angels**

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In consideration for the receipt of any medical and/or recreational equipment that Alyssa's Angels may provide to the applicant herein, applicant agrees to release and hold harmless Alyssa's Angels Foundation their directors, officers, employees, agents, volunteers, successors and programs from any loss, liability, damage, cost or expense arising out of any claims or suits which may be brought or made which in any manner relate to the equipment provided to the applicant as a result of this application.

Alyssa's Angels has no affiliation or contractual relationship with the distributors and/or manufacturers of any medical and/or recreational equipment provided. As such, Alyssa's Angels makes no warranties or representations, including without limitation, any implied warranties, related to any equipment provided. Alyssa's Angels is not an agent, distributor or manufacturer of any of the equipment provided.

Alyssa's Angels agrees to keep confidential all information, records, data and files of any nature provided to it as a result of applicant's request for medical and/or recreational equipment except when, and if, Alyssa's Angels is required by a court of competent jurisdiction to release such information or is otherwise required by law to comply with such disclosure.

**Alyssa's Angels reserves the right to verify any and all background information provided in this application as well as the right to conduct background checks on any applicant and/or organization, including, without limitation, credit and criminal history check and investigative reports on the owners and/or Board of Directors.**

I hereby give permission to Alyssa's Angels to use and permit others to use the name and likeness of the applicant organization, including but not limited to, applicant's owners and/or Board of Directors and other biographical information pertaining to the applicant in order to promote the charitable purpose of Alyssa's Angels in whatever manner the Board of Directors deem appropriate. Such authorization shall include but not be limited to use in Alyssa's Angels website, public awareness campaign, brochures, newsletters, pictures, advertisement, and solicitation to the public.

Please place an X on the appropriate line and initial and date:

I grant     I deny    permission for Alyssa's Angels to use a photographic image and biographical information of my organization and/or Board of Directors in Alyssa's Angels promotional materials.

**VI. AUTHORIZATION**

**By signing this application, the undersigned hereby acknowledges that s/he understands and accepts the terms and conditions of the Grant Application as set forth herein. \_\_\_\_\_  
(initial and date)**

**The undersigned certifies that s/he is authorized to represent the organization applying for a grant. \_\_\_\_\_  
(initial and date)**

**The undersigned certifies that the foregoing information is truthful and accurate. The undersigned understands and accepts if any of the foregoing information as provided herein is willfully false, then the individual, the organization, and/or its agents and officers shall be subject to penalties of law. \_\_\_\_\_  
(initial and date)**

**The undersigned agrees that if a grant is awarded to the organization:**

- (1) the grant will be used for the purpose outlined in the grant award letter and may not be expended for any other purpose without prior written approval from Alyssa's Angels,**
- (2) Alyssa's Angels has received nothing of material value in exchange for the grant, and**
- (3) information about the organization and the grant may be used by Alyssa's Angels.**

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**Signature of Executive Director or Board Chair**

**Date**

**Print Name and Title \_\_\_\_\_**

**VII. REQUIRED ATTACHMENTS FOR ALL GRANT APPLICANTS**

**Please enclose one copy of each of the following items:**

- 1. Cover letter
- 2. A copy of your current IRS determination letter indicating tax exempt 501(c)(3) status
- 3. Board of Directors list, including names, phone numbers and affiliations
- 4. Annual report, if available, or other material summarizing activities of the organization
- 5. Current year itemized operating revenue and expense budget for the organization
- 6. Most recent audited financial statements or IRS Form 990
- 7. A list of major corporate and foundation donors for the past two years
- 8. A copy of any advertising or other materials used to promote your organization
- 9. Budget of program

**Please return the completed Grant Application and all requisite supporting documentation to the address below:**

**Alyssa's Angels  
PO Box 93  
West Long Branch, NJ 07764**

**You will be notified, in writing, of the decision of the Board of Trustees fro Alyssa's Angles with regard to your application. Thank you for your application.**