



Grant Application

Small Steps in Speech
P. O. Box 134, Collingswood, New Jersey 08108
1-888-5SPEAK6 (888-577-3256) info@smallstepsinspeech.org
Fax: 856-632-7741
www.smallstepsinspeech.org

Thank you for your interest in applying for a grant from *Small Steps in Speech*, a not for profit 501(c)3 foundation created in memory of Staff Sgt. Marc J. Small.

The Board of Directors will review and provide grants or aid to such organizations and/or individuals in accordance with our guidelines and policies. The foundation shall be operated exclusively for charitable, and/or educational purposes as permitted by law.

Applications are reviewed and grants are awarded on a quarterly basis. Grants are considered for children and/or organizations that need funding to improve communication skills. Grants are not limited to private therapy. If there are communication needs such as devices/equipment, workshops, organizational needs, or therapy we encourage you to apply. If applying for a grant to be used toward an assistive technology device, an assistive technology evaluation from a qualified service provider must be included. Funding for AT devices will only be considered if the device is recommended by such a provider and to be used solely for the purpose of communication.

Please remember to enclose the following with your application:

- Current evaluations and/or reports regarding the applicant's speech and language development. Evaluations should be on professional letterhead (school IEP's can be used)
- Documentation/Copy of insurance providers name along with the explanation letter from insurance provider stating amount of speech therapy sessions allowed per calendar year, deductible or copy of the denial letter from insurance company.
- Copy of most recent IRS 1040 form.
- Contact information to the facility (name, address, phone number) where you will be using the monies from the grant. It is the nominee's responsibility to find a service provider before an application can be considered complete. Therapy providers and therapists must be informed that you are applying for a grant through their facility as we may be contacting them.



Grant Application

Part I. Child Family History

Date: _____

Child's Name: _____ Date of Birth of Child: ____/____/____

Parent/Caregivers Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Primary Phone Number (Include Area Code): _____

Family Email Address: _____

Primary Language Spoken in the Home: _____

Parental Place of Employment (father): _____

Address of Employment: _____

City: _____ State: _____ Zip: _____

Parental Place of Employment (mother): _____

Address of Employment: _____

City: _____ State: _____ Zip: _____

Child's Primary Mode of Communication: _____

Diagnosis of Child: _____

Grade level of Student: _____

Name of Attending School or Treatment Facility: _____

Number of siblings living in the home: _____

Annual Household Income

_____ Under \$30,000	_____ \$30,000 - \$49,999	_____ \$50,000 - \$74,999
_____ \$75,000 - \$99,999	_____ \$100,000 and over	_____ Copy of Recent IRS 1040 form

* Are there photos enclosed in this application? _____ Yes _____ No

* Are there videos enclosed in this application? _____ Yes _____ No

*Photographs and videos are reviewed solely by the Board of Directors to understand the child's condition, and have no other influence on the grant decision. All photos/videos become property of SSIS and may be used for promotions/events (personal information will not be distributed) Photographs and videos will not be returned.



Grant Application (continued)

Part II. Person Nominating a Child

Check here if information is the same as Part I and proceed to Part III

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Primary Phone Number: _____

Email Address: _____

Relationship to Applicant: _____

Place of Employment: _____ Years Employed: _____

Address of Employment: _____

City: _____ State: _____ Zip: _____

Part III. Professional Service Provider Information

On a separate page, please provide the following:

- a. Name of Professional Service Provider with whom you would like to receive an evaluation and/or services (if applicable). It is the nominee's responsibility to find a service evaluator/provider before an application can be considered complete. Ensure that they are aware that you are applying for a grant through Small Steps in Speech as someone may be contacting them.
- b. Provide a copy of the last two statement bills (if applicable) from therapy provider on professional letterhead.
- c. Recommendations for treatment- attach most recent report (school IEP can be used) on provider letterhead. Include contact information and your intention/vision of how the grant money would be used for the intended individual/charitable organization.

Part IV. Applicant's Story

Using no more than 500 words, please provide relevant information on the child/organization as it relates to communication disorders. The information can include, but is not limited to, how treatment will improve the applicant's daily life, how treatment will help the long term outlook of the applicant and/or how the treatment will affect the family's quality of life. Also consider providing information about the personality traits, prognosis in therapy, treatment history and treatment goals of the applicant. Please tell us why this is important to everyone involved.



Grant Application (continued)

Part V. How Did You Hear About *Small Steps in Speech*?

Part VI. Additional Coverage

1. Is the applicant receiving assistance from insurance? _____ Explain: _____

(Provide name of insurance provider and a copy of the insurance explanation of benefits letter in regard to speech and language therapy.)

2. Is the applicant currently receiving private speech services? If yes, please explain where, how often and what type of setting (individual/group/in-class/consultation)

3. Does the applicant currently receive intervention in the school system? _____ If yes, how often and what type of setting (individual/group/in-class/consultation). If no, and over the age of 3.0 years please explain rationale for not receiving school based speech therapy. _____

4. What will the funding from SSIS pay for specifically (What will the money be used for?)

5. Does the applicant receive any other funding from other sources including any other grants, family support, scholarships, etc? If so explain past and present support: _____



Grant Application (continued)

Privacy and Terms of Use

The *Small Steps in Speech* Foundation respects your rights of privacy. Your privacy is important to us. The information received by the *Small Steps in Speech* Foundation will be used solely to determine awarding a charitable grant. We will not sell your e-mail address to anyone or share your personal information with anyone other than a representative of the foundation. Please be advised that your photos may be used for promotional purposes. Although the company has taken reasonable precautions to ensure no viruses are present in this e-mail, the company cannot accept responsibility for any loss or damage arising from the use of this e-mail or attachments. We use personal information to pursue the mission of the *Small Steps in Speech* Foundation. All information shall be used for a lawful purpose. You agree that all information provided to the *Small Steps in Speech* Foundation is truthful and accurate. Any attempt to provide false information will result in the dismissal of the application. The applicant will be removed from consideration of any grants from *Small Steps in Speech* in the future. If a grant is awarded based on false information it could result in legal action against the person nominating the child. Submission of any personal information constitutes an agreement to the *Small Steps in Speech* Foundation's Privacy and Terms of Use Policy.

You agree to indemnify, defend and hold harmless the *Small Steps in Speech* 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 or services provided, any alleged breach or breach by you of these terms. You agree to cooperate fully in the defense of any of the foregoing. From time to time the *Small Steps in Speech* Foundation may amend the Privacy and Terms of Use Policy, all amendments shall be effectively immediately. *Small Steps in Speech* does not discriminate against race, gender or religion.

WE DO NOT GUARANTEE THE SECURITY OF PERSONAL INFORMATION OR OTHER INFORMATION IN ANY FORM. PLEASE DO NOT PROVIDE OR ALLOW OTHERS TO PROVIDE PERSONAL INFORMATION ABOUT ANYONE UNLESS YOU, ON YOUR OWN BEHALF AND ON BEHALF OF ANYONE WHO'S INFORMATION YOU PROVIDE, ARE AUTHORIZED TO DO SO.

TO THE FULL EXTENT ALLOWED BY LAW, YOU AGREE THAT THE *SMALL STEPS IN SPEECH* 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 (INCLUDING BUT NOT LIMITED TO THE DUTY OF GOOD FAITH OR LACK OF NEGLIGENCE OR OF WORKMANLIKE EFFORT), OR FOR ANY OTHER SIMILAR DAMAGES WHATSOEVER THAT ARISE OUT OF OR ARE RELATED TO ANY ASPECT OF THE APPLICATION AND INFORMATION DISCLOSED.

With your signature you agree to the Privacy and Terms and give Small Steps in Speech permission to contact all related service providers as mentioned in the application.

Signature of Person Applying for Grant

Date

Signature of Parent/Legal Guardian

Revised October 2011