



Restricted Grant Application Victorious 4 Teens Programs (V4T)

The mission of Alicia Rose Victorious Foundation (ARVF) is to provide strength and support for hospitalized children by way of providing Teen Lounges, Teen Social Activities and Events, to enhance the quality of life for adolescents with cancer and other life-threatening illnesses.

Eligibility Requirements:

1. The Hospital must treat adolescents (ages 13 and up) with life-threatening illnesses on an in-patient or out-patient basis, including but not limited to: Hematology/Oncology & Blood disorders; Cardiovascular disorders; Cystic Fibrosis; Diabetes; Organ failure; Crohn's disease and other critical conditions.
2. All sections of the **Grant Application** must be completed in full, with attachments (if applicable), and authorized (signed) by Director of Development or Hospital Administrator **ONLY**. Additional information may be required.
3. Financial awards will be in the form of restricted funds which the Grantee must allocate towards the awarded project/program **ONLY**. The Grantee is required to submit a **Grant Award Follow-up Report** detailing the use of **V4T** program(s). (See attached).
4. The Grantee must have a designated staff member who will oversee and supervise **V4T** program(s), and monitor its use, in the same manner and to the same extent any application of the Hospital's pediatric programs.
5. A **Grant Award Follow-up Report** must be returned to ARVF no later than six months from the date of the award. ARVF monitors its awards through regular communication with the Grantee, and is genuinely interested in the success of programs/projects it funds. This report lets ARVF know that the funds are used to their fullest potential, and in accordance with its Mission Statement. **Inappropriate use of the award shall result in disqualification for any future funding.** This report may be forwarded via scanned email, mail, or faxed document to:

Mail:	ARVF; 2465 Voorhees Town Center; Voorhees, NJ 08043
E-mail:	info@arvf.org, Attn: Executive Director
Fax:	(856)281-9801 Attn: Executive Director

Review Process:

- ✓ Applications may be submitted throughout the year.
- ✓ You may apply for one, or multiple programs using the same **Grant Application**.
- ✓ ARVF will acknowledge receipt of your proposal within 30 days. (Additional information may be required prior to approval.)
- ✓ Grants will be reviewed and approved on a quarterly basis by the governing Board of Trustees, and announcements are made generally within three months of the date of submission.
- ✓ If your financial award is approved, you will receive a **Letter of Agreement** outlining the terms and conditions of the award. The award will commence on the signature date signed by the Development Officer, or Hospital Administrator. In-kind awards will commence on the submission date of the Grant Application.

Guidelines & Preparations for Submission

Please include the following information:

1. **Cover Letter** (*maximum 2 pages*). A brief history summarizing the Grantee's experiences with adolescents programming, and future goals. Include a list of the most frequently treated critical illnesses, and the average length of stay.
2. **Restricted Grant Application** (*attached*).
3. **Budget** (if applicable). Include a specific, itemized budget ONLY for Teen Lounge, Enhancements, Activities, &/or Programs you are applying for. (**A budget is NOT required for Teen Kits or the Arts & Crafts Activities Cart**). List all other financial resources you currently receive, or may receive specific to the project/program, i.e., other foundations, individuals, or corporate support. (*Note: administrative costs, construction, labor, outside personnel fees, and salaries are not eligible.*)
4. **Program/Project Description** (*maximum 2 pages*).
 - ✓ Describe the details of the program/project you are applying for.
 - ✓ Indicate if this is the first-time, or if there is a history of the program/project.
 - ✓ How would the program/project impact the adolescent patient?
 - ✓ Estimate number of adolescents impacted by the program/project.
5. **Floor Plan** (*if applicable*). For Teen Lounge or Teen Lounge Enhancements ONLY. Attach a general floor plan with dimensions of projected space or existing space, and a photo. **DO NOT** include areas that can be used by children under the age of 13 years old.

Restricted Grant Application
“Victorious 4 Teens Program(s)”

Hospital Name:	
EIN #	Program Director:
Date:	Program Director Title:
Shipping Address:	
City, State and Zip Code:	
E-mail:	Phone:

Please check all that apply:

Teen Lounge

Funding is available for the specific purpose of creating a new, non-existing Teen Lounge. This is a specific space with a minimum size of 15 x 15 for the significant purpose of providing a social or quiet space for adolescents and young adults ages 13 and older.

Funding Requested: _____

Projected Opening Date:* _____

Target Population: _____

Estimate the number of adolescents and young adults this Lounge would serve per year.

** (Only openings within one year, will be considered).*

Teen Lounge Enhancements* (for existing Teen spaces only)

Funding is available to enhance, renovate or enrich, an existing Teen Lounge.

Funding Requested: _____

Target Population: _____

Estimate the number of adolescents and young adults this award would serve per year.

Teen & Young Adult Activities and Events

Funding is available for social activities and/or events within the Hospital. Special events may include Pizza Parties, Movie Nights, Teen Proms, and other creative in-hospital teen social activities. The request must be consistent with the mission statement of ARVF.

Funding Requested: _____

Target Population: _____

Estimate the number of adolescents and young adults this award would serve per year.

Title of Program(s): _____

Start Date: _____ **End Date:** _____

Have you ever received a previous ARVF Restricted Grant?

- Yes If Yes: Month/Year _____ Amount _____
- No

How did you hear about the Alicia Rose Victorious Foundation?

- Child Life Team: _____
- Website: _____ www.victoriousfoundation.org
- Other: _____

By your signature* below, you are the authorized Grantee to make this commitment on behalf of the Hospital, and agree to the criteria set forth in **Grant Award Follow-up Report**.

**(Only signatures from the Development Officer or Hospital Administrator will be accepted.)*

Authorized Officer Signature:	
Print Name:	
Title:	
Email:	
Phone Number:	
Office Address:	
Date:	
EIN #:	

Thank you for helping us be #Victorious4Teens!



ARVF is a tax exempt charitable organization under the 501(c)(3) Internal Revenue Code and is registered with the Attorney General of the State of New Jersey