



## **Victorious 4 Teens Programs (V4T) Restricted Grant Application and Guidelines**

*The Alicia Rose Victorious Foundation is a national, non-profit organization providing age-appropriate programs and activities for children and teens children and teens receiving treatment for cancer and other life-threatening illnesses.*

### **Eligibility Guidelines:**

1. Pediatric children's hospital, specialty hospital, or rehabilitation hospital, treating adolescents (ages 13 and older), diagnosed with cancer or other life-threatening illnesses, including but not limited to: Hematology/Oncology & Blood disorders; Cardiovascular disorders; Cystic Fibrosis; Diabetes; Organ failure; Crohn's disease and other critical conditions.
2. Financial awards are to be used for, and only for, the purposes described in the grant application. If the Grantee is unable to adhere to grant terms they must notify the Foundation in writing for permission to redirect funds. **Inappropriate use of the award shall result in disqualification for any future funding.**
3. The Grantee must designate a staff supervisor, who will oversee all **V4T** program(s), and monitor its use in the same manner, and to the same extent any application of the facility's adolescent and/or young adult programs.
4. Recognition by way of signage, collateral materials, or plaque, indicating support from the Alicia Rose Victorious Foundation.

### **Application Requirements**

1. All sections of the application must be completed in full, with attachments (if applicable), and authorized (signed) by Development Officer or Hospital Administrator **ONLY**. You may apply for one, or multiple programs using the same **Restricted Grant Application**.
2. **Cover Letter** (1 page). A brief summary of the Grantee's current adolescents programs, and future goals.
3. **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.
  - ✓ Estimate number of adolescents impacted by the program/project per year.
4. **Budget**. An itemized budget is required for **Teen Lounge, Teen Lounge Enhancements, and/or Teen & Young Adult Activities & Events** requests. (*Budgets are not required for Teen Kits or Alicia's Art Cart programs*).
5. The Grantee is required to submit a **Follow-up Report** six months from the date of the award.
6. Restricted Grant Applications are accepted on a rolling basis throughout the year, and may be emailed to: info@arvf.org; or mailed to: Alicia Rose Victorious Foundation  
2115 Voorhees Town Center  
Voorhees, NJ 08043  
Attn: President and Co-founder



## Victorious 4 Teens Programs (V4T)

### Restricted Grant Application

Please check all that apply. (You can apply for one or more programs):

**Teen Lounge**

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

**Funding Requested:** \_\_\_\_\_ (An attached budget is required).

**Projected Opening Date:** \_\_\_\_\_

**Teen Lounge Enhancements**

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

**Funding Requested:** \_\_\_\_\_ (An attached budget is required).

**Teen & Young Adult Activities and/or Events** (An attached budget is required).

Funding is available for social activities and/or events. Special events may include weekly, monthly, or annual teen social activities. Examples include: Pizza Parties, Movie Nights, Teen Proms, and other creative teen social activities.

**Funding Requested:** \_\_\_\_\_ (An attached budget is required).

**Target Population:** \_\_\_\_\_ (Estimate the number of adolescents ages 13 and older this program would serve per year.)

**Title of Program(s):** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Teen Kits & Bandana Pillows**

Teen Kits are specifically designed for teens and young adults with initial or repeated hospitalization, filled with resources to help ease the stresses associated with their chronic illness. (For contents and photos, please visit: [www.victoriousfoundation.org](http://www.victoriousfoundation.org)). Teen Kits are shipped quarterly, and ready to be distributed in boxes (16"x16"x16") each containing 4 Teen Kits & Bandana Pillows, according to the Grantee's needs. The In-kind approximate value of each **Teen Kit** is \$90.00.

**Target Population:** \_\_\_\_\_ (Estimate the number of adolescents ages 13 and older this program would serve per year.)

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Contact information for Teen Kit shipments:**

<b>Child Life or Other Name:</b>	
<b>Title:</b>	
<b>Hospital Name:</b>	
<b>Address:</b>	
<b>City, State, &amp; Zip Code:</b>	
<b>Phone Number:</b>	
<b>E-mail:</b>	

**Alicia's Art Cart**

**Alicia's Art Cart**, bridges the gap for adolescent patients (ages 13 and older) who may not be mobile, and/or in isolation during their treatments. Initial funding is provided, as well as semi-annual funding for re-stocking purposes throughout the year. (A new Grant Application must be submitted each year for this program.) The In-kind approximate value of **Alicia's Art Cart** is \$2,000.

**Initial Funding for Contents:** \$ 500.00 (Please provide us with a receipt, and/or photos of the contents, as we are interested in what your teens are requesting)

**Semi-annual Restock:** \$500.00 (Provided six months after initial funding).

**Target Population:** \_\_\_\_\_ (Estimate the number of adolescents ages 13 and older this activity would serve per year.)

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Contact information for Alicia's Art Cart shipment:**

<b>Child Life or Other Name:</b>	
<b>Title:</b>	
<b>Hospital Name:</b>	
<b>Address:</b>	
<b>City, State, &amp; Zip Code:</b>	
<b>Phone Number:</b>	
<b>E-mail:</b>	

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.)

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

**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: \_\_\_\_\_

**Contact information for Development or Foundation Officer where funding will be sent to:**

<b>Officer:</b>	
<b>Title:</b>	
<b>Foundation Name:</b>	
<b>EIN #:</b>	
<b>Address:</b>	
<b>City, State, &amp; Zip Code:</b>	
<b>Phone Number:</b>	
<b>E-mail:</b>	

By your signature\* below, you are the authorized Grantee to make this commitment on behalf of the pediatric facility, and agree to the terms and conditions of this grant as recited above.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature \*:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**Thank you for being #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. EIN #14-1859173*