



Restricted Grant Application and Guidelines Alicia's Art Cart (AAC) &/or Teen Kit Programs

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. 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.

Application Requirements

1. All sections of the application must be completed in full, and authorized (signed) by Development Officer or Hospital Administrator **ONLY**. You may apply for one, or both 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.
 - ✓ 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.
3. The Grantee is required to submit a **Follow-up Report** six months from the date of the award.
4. 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

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



Restricted Grant Application

Please check all that apply. (You may apply for both programs):

Alicia's Art Cart (AAC)

AAC, bridges the gap for adolescent patients (ages 12 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 is required, every 12 months.) The In-kind approximate value of **Alicia's Art Cart** is \$2,000.

Initial Funding for Contents: \$ 500.00

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

Target Population: _____ (Estimate the number of adolescents ages 12 and older this program would serve per year.)

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

Contact information for Alicia's Art Cart shipment:

Child Life Contact Name:	
Title:	
Hospital Name:	
Delivery Address for AAC:	
City, State, & Zip Code:	
Phone Number:	
E-mail:	

Contact information for Development/Foundation Officer for AAC bi-annual funding:

Officer Name:	
Title:	
Foundation Name:	
EIN #:	
Address:	
City, State, & Zip Code:	
Phone Number:	
E-mail:	

Teen Kits & Bandana Pillows (TK)

Teen Kits are specifically designed for teens ages 12 and over. Each kit contains a drawstring backpack, filled with items just for them, and a fun Bandana Pillow. The Teen Kits are shipped quarterly and are ready to be distributed to your teen population. The In-kind approximate value of each **Teen Kit & Bandana Pillow** is \$81.00.

Estimated Number of TK/Year: _____ *(Approximate number of Teen Kits you might distribute over 12 months, to teens ages 12 & over).*

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

Contact information for Teen Kit program and shipment:

Child Life Contact Name:	
Title:	
Hospital Name:	
Address for TK Shipments:	
City, State, & Zip Code:	
Phone Number:	
E-mail:	

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 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.)***

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