



Recreational Therapy Foundation Application Instructions

PART I – GRANT SUMMARY APPLICATION FORM

PART II – PROPOSAL NARRATIVE – In no more than five pages, no smaller than 11 pt. font, please provide the following information:

Introduction. Describe the mission(s) and population(s) served by the applicant organization. Describe the project purpose and rationale – addressing its importance for the advancement of Recreational Therapy and its potential to advance the missions of participating organizations. Describe how a grant from the Foundation may leverage additional funds for the project.

Need/Opportunity. Describe the needs or problems the project addresses. Cite plans, research, statistics or recommendations that support the proposed project and relate to ATRA research priorities

Project Activities. Describe key project activities along with a timeline for completion.

Anticipated Results and Assessment. List **specific** outcomes anticipated and the corresponding indicators of success for each anticipated outcome and how you will measure the results. (For example: *Proposed Outcome*: Study findings reported to professionals; *Proposed Indicator*: Published ATRA Newsletter article which summarizes the study.)

Leadership. Describe the roles of staff, consultants, and/or volunteers providing project leadership. Indicate experience or credentials these leaders bring to the project, including past research experience.

Collaborations. Describe any collaboration with other organizations/individuals on this project and how the collaboration will be established and maintained.

PART III – PROPOSAL BUDGET

Itemize all anticipated project expenditures and sources and amounts of support. For each source other than the Recreational Therapy Foundation, indicate amounts received, committed, requested, and/or to be requested.



PART IV – CORRESPONDENCE FROM PARTNER ORGANIZATIONS

If a collaborative project, provide correspondence from organizations cited in the proposal narrative, confirming the scope and type of resource-sharing or other cooperative arrangements.

PART V – ATTACHMENT

Copy of applicant organization's IRS letter of determination

SUBMISSION: Completed applications may be emailed to Aurora Crew at aurora.crew@temple.edu by the deadline, February 1, 2018. Applicant organizations are encouraged to contact Aurora with any questions.

Proposals will be reviewed by a review committee established by the Foundation. All applications must then be approved by the Board of Directors of the Recreational Therapy Foundation. Applicants will be notified of application status after the Board decision. Grant amounts may vary from \$1,000 to \$2,500. Application materials will not be returned.



REQUEST FOR PROPOSALS APPLICATION

Organization:

EIN Number:

Researcher Information			
Address:			
City:		State:	ZIP Code:
Phone:	E-mail:		Fax:
Date Received 501(c)3 Status:		Total Operating Budget:	
Major Sources of Operating Funds (%):			
Contact Person's Name & Title:			
Mission and Purpose of Organization:			
Project Information			
Type of Application: <input type="checkbox"/> Research <input type="checkbox"/> Dissemination of Research			
Project Title (10 words or less):			
Project Description (50 words or less):			
Anticipated Project Timetable (month/year format):		Start Date:	End Date:
Client Group(s) to be Served by Project:			



ATRA Research Priorities Addressed by Project:

- | | | |
|---|--|--|
| <input type="checkbox"/> General Intervention | <input type="checkbox"/> Dosing | <input type="checkbox"/> Areas that Interact on RT |
| <input type="checkbox"/> Timing | <input type="checkbox"/> Co-Treatments | <input type="checkbox"/> RT preparation |

List Goals & Objectives Addressed by Project:

Project Funding

A. COMMITTED To Date From:

B. Additional Funding SOUGHT From:

	\$		\$
	\$		\$
A. TOTAL COMMITTED:	\$	B. TOTAL ADDITIONAL FUNDS SOUGHT:	\$
C. REQUESTED FROM RECREATIONAL THERAPY FOUNDATION:			\$
D. TOTAL PROJECT COST:		A+B+C=D	\$

Signatures

Staff Officer Signature:	Date:
Printed Name:	
Board Officer Signature:	Date:
Printed Name:	