



## **TEAM DANIEL FOUNDATION 2012 GRANT POLICY**

### **Applicant Criteria:**

- Grant Funding will be provided to: *A North Carolina family of a loved one with a developmental disability who does not receive services. The family will also qualify if the loved one is on the waiting list for services. Families already served under the LLC will not be eligible for the TDF Grant.*

### **Completed Applications will have:**

- A Grant Application will be completed by families.
- A signed 300 word document written by the family/guardian will accompany the application explaining the use of the TDF Grant.
- A letter from a referring licensed practitioner.

### **Instructions:**

Please submit Grant Application, a signed 300 word document and any necessary supporting documentation as one packet. Incomplete packets will not be considered for TDF Grants. Applications are accepted on a *first come, first serve* basis. All application information should be mailed via certified mail to ensure receipt to the Team Daniel Foundation office. Please mail complete application information to: **Team Daniel Foundation, 3035A Boone Trail Extension, Fayetteville, NC 28304.** **Please do not fax applications. Faxed applications will not be processed.** Application deadline for 2012 is September 30, 2012.

### **Applicant Selection**

The TDF Selection Committee will review all applications and select families to receive a grant through the TDF. TDF will notify all applicants of selection results. If you have been selected to receive a TDF Grant or TDF Respite hours, you are not eligible to reapply in the future.

### **Applicant Guidelines**

TDF Grants can be requested for the following:

**Equipment** (i.e. wheelchairs, wheelchair accessories, communication devices, van modifications, lift systems, etc.)

- *A doctor's referral or referral from a licensed practitioner is required for all equipment requests. Also required is a 300 word document explaining how the equipment will benefit the applicant and where the equipment will be used, i.e. school, home, or in the community.*

#### **Home Modifications**

- *A proposal from a licensed contractor is required for all home modification requests. The proposal must indicate the supplies and labor costs for the modification requested. The service provider's invoice and a signed 300 word document explaining how the home modification will benefit the applicant is required..*

**Therapy Services** (i.e. OT, PT, SLP, Horseback Therapy, Water Therapy, Music Therapy, ABA Services)

- *A doctor's referral or referral from a licensed practitioner is required for all therapy requests along with their invoice for services. If the request is for additional therapy hours, the referral must indicate the reason for the additional hours and indicate the benefit to the applicant. Also required is a 300 word document explaining how the therapy will benefit the applicant, where the therapy will be provided, and who will provide the therapy.*

**If you have any questions about the TDF Respite Fund Policy or applications, please call 800-991-6421.**