



Restricted Grant Renewal Application

Alicia's Art Cart (AAC) &/or Teen Kit Programs Only

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.
3. Alicia's Art Cart financial award is to be used solely for restocking purposes, exclusively for age-appropriate arts and crafts activities for patients aged 12 and older.

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. The Grantee is required to submit a **Follow-up Report** six months from the date of the award.
3. Restricted Grant Applications are accepted on a rolling basis throughout the year, and may be emailed to: info@arvf.org to the attention of Gisele DiNatale, 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) Annual Restock (existing locations only)**

Annual funding is provided for re-stocking purposes exclusively to purchase age-appropriate arts and craft activities for your adolescent and young adult patients.

Annual Restock: \$1000.00

Start Date: _____

End Date: _____

Contact information for Alicia's Art Cart Program Coordinator:

Child Life Contact Name:	
Title:	
Hospital Name:	
Phone Number:	
E-mail:	

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

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 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 \$76.00. *(A Grant Application Renewal MUST be submitted annually in order to continue to receive Teen Kit shipments.)*

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 CL Supervisor or Manager for all Teen Kit shipments:

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

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