

# Angelina's Song

## Grant Donation Request

**Grant Submissions:** Jan. 1 to April 30

**Grant Recipients to Receive Donations By:** May 1 to Dec. 31

The following information is required for Angelina's Song to consider your request. Please make sure your proposal includes:

- A description of your organization, including its mission and major accomplishments.
- A copy of the letter from the IRS stating your organization's status, such as a 501(c)(3) status if applicable.
- Outline of music therapy department.
- A quote if grant is intended to purchase equipment and/or services, if applicable.

Date: \_\_\_\_\_ Organization: \_\_\_\_\_

Organization's Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact person's relationship to your organization: ☐ Employee ☐ Volunteer ☐ Paid Worker ☐ Fund Raiser

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Is this a 501(c)(3) IRS approved charity? ☐ Yes ☐ No Your IRS issued EIN number: \_\_\_\_\_

Who referred you to apply? \_\_\_\_\_

Have you applied previously? ☐ Yes ☐ No If yes, how much were you awarded? \_\_\_\_\_ Date of Award: \_\_\_\_\_

Please be specific regarding the donation you are seeking: \$ \_\_\_\_\_ Other: \_\_\_\_\_

*Grant awards range from \$2,500 to \$7,500.*

What types of music therapy does your organization provide? \_\_\_\_\_

How many beds does your hospital have? \_\_\_\_\_ How many Music Therapists are on your staff? \_\_\_\_\_

How is your Music Therapy program funded? (Ex: Nonprofit, Hospital) \_\_\_\_\_

How will this donation be used? (Extra space provided for description on next page): \_\_\_\_\_

What, if any, advertising/recognition will Angelina's Song receive? \_\_\_\_\_

In what cities, counties, and/or states does your organization provide services? \_\_\_\_\_

Organization's Website and Social Media(s): \_\_\_\_\_

To whom should the check be made payable to? \_\_\_\_\_

Signature: \_\_\_\_\_

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## Grant Donation Policy

Angelina's Song is committed to advocating for music therapy programs and provides grants to children's hospitals to support music therapy and annually contributes to the National Pediatric Cancer Foundation for research.

All parties requesting financial support from Angelina's Song must complete a Grant Donation Request form. The completed form should fully explain the nature of the contribution being sought and include all requested documentation. The Grant Donation Request form is available at [www.angelinassong.org](http://www.angelinassong.org). All required documentation should be submitted to Angelina's Song following the directions provided below:

### Contributions Policy

- The organization must be a children's hospital with a 501(c)(3) and/or nonprofit status, or an organization that supports children's hospitals and/or music therapy programs.
- Complete proposals should include a description of your organization/department, its mission, major accomplishments, and future goals.
- Complete proposals should include a quote for any items to be purchased with the grant monies.
- Nonprofit organizations should submit their tax-exempt letters from the Internal Revenue Service (IRS) with their contribution requests.
- Complete proposals will be considered by Angelina's Song Board Members.
- Incomplete proposals or those submitted past the deadline may not be considered.

### Preferential consideration is generally given to requests where the following applies:

- Money donated will directly benefit a children's hospital and/or music therapy program.
- Money donated will benefit a significant group of people (as opposed to a single person).
- Angelina's Song receives recognition for its donations.

By accepting a donation from Angelina's Song, your organization gives permission for Angelina's Song to use your logo and name for marketing and other purposes as approved by the company. By accepting a donation from Angelina's Song, your organization is agreeing to share 5-10 photos and/or videos of the donation in action and/or the donation in use. Upon receiving a donation, you will receive a waiver to grant permission to Angelina's Song.

Completed Angelina's Song Grant Donation Request applications and supporting documentation may be submitted by mail or email. Please direct all questions regarding Angelina's Song to Nicole Miele.

**Email:** [Nicole.Miele@iCloud.com](mailto:Nicole.Miele@iCloud.com) **Phone:** 570.220.4413 **Address:** Angelina's Song, 66 Mall Parkway, Muncy, PA 17756

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How will this donation be used? (Additional space): \_\_\_\_\_

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