



CONNECTICUT ASSOCIATION OF
THERAPEUTIC RECREATION DIRECTORS, INC.

DOTTIE MULLEN GRANT PROGRAM

PURPOSE:

The Connecticut Association of Therapeutic Recreation Directors is dedicated to promoting the field of Therapeutic Recreation by improving the quality of services provided through the sponsorship of this grant program. The number and amount of individual awards will be contingent upon the number of requests and the merit of proposals. The total of the grant to be given out in a one-year period is \$2,000.00.

REQUIREMENTS:

- Individual's seeking a grant must be a current member of CATRD in good standing for a minimum of one year.
- Current CATRD Board Members are ineligible from applying.
- Priority consideration will be given to projects that research the effectiveness of therapeutic recreation interventions and examine outcomes and cost effectiveness of therapeutic recreation.
- Priority consideration will also be given to projects that address quality of life issues through the utilization of therapeutic recreation programs.
- Those receiving a grant must be willing, if requested, to present their project and outcomes at a CATRD conference or seminar setting.
- The grant proposal as a whole should be no more than 5 pages.
- Recipients are required to provide receipts and account for funds given.

FUNDING:

- Up to \$2000.00 for a one year period beginning in January and ending in December.
- The number and amount of individual awards will be contingent upon the number of requests and merit of the proposals.
- No indirect money will be paid.

TIMELINE:

- Proposals must be submitted to the Grant Committee Chairperson no later than September 30.

THE PROPOSAL MUST INCLUDE:

1. SUMMARY: Prepare a cover sheet with your facility name, address, phone number and contact name with CATRD membership number and include a two or three sentence summary outlying your proposal.
2. ORGANIZATIONAL INFORMATION: In two or three paragraphs describe your organization, its history, where you are located and the population you serve. Further, describe your position within the organization and your track record of achievement. Add other details to build the credibility of you and your organization.
3. PROBLEM / NEED / SITUATION DESCRIPTION: Describe in detail the specifics of the project or research you will be doing. Show relevance of importance to your facility and explain how you and your organization have the ability to complete the project.
4. WORK PLAN / SPECIFIC ACTIVITIES: Explain in detail your plan, including specific activities and your overall goals
5. TARGET POPULATION: Describe your target population and how will you involve them in the activity. List the amount of people you intend to serve.
6. STAFFING: List those who will assist with this project and provide their credentials.
7. TIMING: Submit a timetable outlying the details and progress of your project.
8. IMPACT OF THE PROJECT: Describe in detail the impact your project will have for the further development of therapeutic recreation interventions and effectiveness of therapeutic recreation services.
9. EVALUATION: Provide an evaluation tool that you will use to measure the impact, effectiveness and overall outcomes of your project.
10. BUDGET: List the costs involved in the project by attaching a budget showing all expected expenditures for the project.
11. LONG TERM PLANS FOR PROJECT: Describe any long-term plans you have for this project.

COMPLETED MATERIALS:

- Mail completed proposal with all supporting documentation to the grant committee chairperson listed below.
- You will be notified in writing within one month from the deadline date of the committee's decision.

GRANT COMMITTEE:

For questions relating to the application you may contact any one of the grant committee members listed below.

CHAIRPERSON

Marion Pierce
113 Southwood Terrace
Southbury, CT 06488
Phone: 203-232-0994

OTHER COMMITTEE MEMBERS

LeeAnn Ward
Phone: 860-283-3079
Angie Field
Phone: 203-272-7891