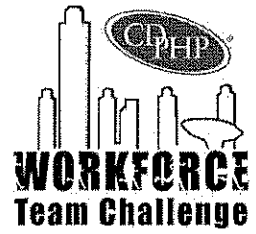


# 2015 CDPHP® Workforce Team Challenge Charity of Choice Application



Only electronic applications will be accepted.  
The deadline to apply is January 21, 2015.  
Selection will be made by January 29, 2015.

Please make sure you have done the following before submitting your application:

- Complete all sections of the application. (Incomplete applications will not be considered.)
- Attach a copy of your 501(c)(3) federal tax exemption letter of determination.
- Include a website address that provides details on your organization.

## Section 1: Organizational Information

Organization: [REDACTED]

Street Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Contact person/title: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Website: [REDACTED]

Annual budget: \$65,000.00

## Section 2: Organization Description and Justification for Funds

A) Select the category that most closely aligns with your organization's mission:

- |   |  |
|---|--|
| <input type="checkbox"/> Youth/Education                                  | <input type="checkbox"/> Fitness/Wellness            |
| <input type="checkbox"/> Seniors  | <input type="checkbox"/> Community Support (general) |
| <input checked="" type="checkbox"/> Disease awareness/Disability Services |  |

► Continue on next page

B) Describe your organization's mission and the programs/services offered. (200 words or less)

The mission of [REDACTED] is to provide services and support for children with life-threatening illnesses and their families until a cure can be found. [REDACTED] strives to take a family-centered approach to all aspects of palliative care and ensure that the needs of the child and his/her family are being met throughout all stages of care.

The goals of the foundation include:

- **Financial support for the [REDACTED] Program [REDACTED]** This program provides pediatric palliative care support for children with disease that greatly risks their chance of survival. This support also extends to family members.
- **[REDACTED] Program:** The program provides funding for families on the first anniversary of a child's passing, allowing families to spend that day doing something memorable with the entire family in honor of their child.
- **Inpatient Pediatric Hospice Facility [REDACTED]** The foundation has secured space in [REDACTED] for an inpatient pediatric hospice facility. The facility will allow families to spend time with a child during the final days at the hospital, but do so in an experience that is unlike any other that the hospital currently can provide.

C) Describe how the Charity of Choice funds will be utilized to support your organizational goals and local programs/services. (300 words or less)

The first goal of [REDACTED] was an inpatient pediatric palliative care space at [REDACTED] to allow families to spend time with a child in a way that is unlike any other that the hospital currently can provide. In April 2013, we received confirmation that the space would be built and we committed \$100,000 for the creation of this space. In addition to the completion of this suite, [REDACTED] will be a primary provider for supporting families in hospice. This may include linens and décor for the room, meals for the family during their time in the hospice suite, and/or items and activities that can provide comfort to the child and their family. Charity of Choice funds would enable us to create an environment that will allow families to focus their precious and limited time on their child's peace and comfort.

[REDACTED] would also use Charity of Choice fund to support our [REDACTED] program. The [REDACTED] program was created knowing that there is nothing that can fill the indescribable void of the loss of a child and believing that the support and understanding of others is critical to continuing to live while honoring a child's legacy. It is in that spirit that we reach out to families as the first anniversary of their son or daughter's passing approaches. The program is intended to help these families spend the day in a way that honors their child and remembers the legacy that he/she left behind. Only the family will know what may be most meaningful at this time. Our mission is to help make that possible and the Charity of Choice funds would help us do that.

► Continue on next page


D) Provide a brief description of the impact your organization has had on the local community. (300 words or less)

Since 2009, [REDACTED] has been a driving force in the commitment to pediatric palliative care efforts in [REDACTED].

[REDACTED] has been the key financial supporter of the [REDACTED] program at [REDACTED] Hospital, which provides comprehensive care for infants and children experiencing a debilitating or life-threatening medical condition. Many of the services provided by the [REDACTED] staff are not typically covered under typical medical insurance, and are thus considered "soft medicine" costs. The donations from [REDACTED] support these services. At this time [REDACTED] has donated \$155,000 to support the growth of the program, which began in 2011.

Additionally, [REDACTED] has played a vital role in the creation of a pediatric palliative care room at [REDACTED] Hospital. [REDACTED] developed and submitted the proposal outlining the rationale, purpose, and space consideration for the suite, met with facilities management and the architects to review conceptual drawings of the space, and committed to donating \$100,000 for the creation of the space.

Currently, [REDACTED] provides support for families whose child was part of the [REDACTED] program [REDACTED]. Working with the [REDACTED] staff [REDACTED], families that are approaching the one-year anniversary can be nominated to [REDACTED]. [REDACTED] has had the honor of supporting seventeen families on the one-year anniversary of their child's passing. [REDACTED] events have included butterfly releases, tree plantings, family trips to The Great Escape Lodge, balloon releases, and family and friend gatherings.

The simplest way to state what our efforts accomplish is to say that we provide hope. Hope can come in a variety of ways that may not always be recognized when you think of children who are battling life threatening illnesses. 

**Please make sure you have done the following before submitting your application:**

- Complete all sections of the application.  
(Incomplete applications will not be considered.)
- Attach a copy of your 501(c)(3) federal tax exemption letter of determination to your outgoing e-mail
- Include a website address that provides details on your organization.

 **SUBMIT APPLICATION**

If clicking the submit button does not launch your e-mail and attach your application, simply save the completed document to your computer and send it as an attachment to [WTCcharity@yahoo.com](mailto:WTCcharity@yahoo.com). Do not forget to also attach a copy of your 501(c)(3) federal tax exemption letter of determination.