# New Adventures FOUNDATION

*Empowering children with physical limitations to explore a world of possibilities.*

*Stronger Brighter Braver Together*



# ORGANIZATION PROGRAM & EVENT ASSISTANCE APPLICATION

CREATING OPPORTUNITIES CHANGING LIVES

*Together We Open Doors*

## INVESTING IN PROGRAMS THAT MAKE A DIFFERENCE

**New Adventures Foundation** provides financial assistance to organizations offering programs, events, activities, and experiences that directly benefit children with physical limitations.

We believe every child deserves opportunities to explore, participate, build confidence, develop independence, and create meaningful experiences. Through partnerships with organizations in our community, we help remove financial and accessibility barriers that may otherwise prevent children from participating.

Funding is based on program alignment, demonstrated need, available resources, and the number of children who will directly benefit. Submission of an application does not guarantee funding.

## APPLICATION CHECKLIST

Please include the following items with your completed application.

- ☐ Completed Organization Program & Event Assistance Application
- ☐ Program/event brochure, flyer, or supporting information
- ☐ Detailed program budget or cost information
- ☐ Documentation of nonprofit status, if applicable
- ☐ Additional information supporting your request (optional)

**STRONGER COMMUNITIES BRIGHTER FUTURES**

Thank you for your commitment to creating opportunities for children with physical limitations.

## 1 ORGANIZATION INFORMATION

Please provide the following information about your organization.

**Organization Name:**

**Primary Contact Name:**

**Title / Position:**

**Street Address:**

**City / State / ZIP:**

**Phone:**

**Email:**

**Website:**

**Organization Type:**

☐ 501(c)(3) ☐ School ☐ Government/Public Agency ☐ Other _____

**EIN (if applicable):**

**Years Organization Has Been Operating:**

**Tell us briefly about your organization and its mission.**




## 2 PROGRAM / EVENT INFORMATION

MEANINGFUL PROGRAMS. LASTING IMPACT.

Please provide details about the program or event for which you are requesting assistance.

**Program/Event Name:**

**Program/Event Location:**

**Program/Event Date(s):**

**Is this:**

☐ New Program ☐ Existing Program ☐ Annual Event ☐ One-Time Event

**Please describe the program or event.**
Include the activities being offered, how the program will operate, and what participating children will experience.

*Activities Today. Stronger Tomorrows.*

## 3 CHILDREN SERVED & PROGRAM IMPACT

MORE OPPORTUNITIES. BRIGHTER TOMORROWS.

Please provide information about the children who will benefit from this program or event.

**Estimated total number of children participating:**

**Estimated number of children with physical limitations who will directly benefit from New Adventures Foundation funding:**

**Age range:** **to**

**Geographic area served:**

**How does this program specifically serve children with physical limitations?**

**What barriers currently make participation difficult for these children?**
Examples might include program costs, adaptive equipment, transportation, accessibility, specialized instruction, staffing, or other needs.

**How will this program help participating children build confidence, independence, skills, friendships, or new experiences?**

# New Adventures FOUNDATION

*Empowering children with physical limitations to explore a world of possibilities.*




## 4 ACCESSIBILITY & INCLUSION

INCLUSIVE PROGRAMS. BRIGHTER FUTURES.

Please indicate the accessibility and inclusion supports available for this program or event.

- ☐ Facility/location is accessible
- ☐ Adaptive equipment is available
- ☐ Trained staff/volunteers are available
- ☐ Individual accommodations can be provided
- ☐ Transportation accommodations are available
- ☐ Other: _____

**Please explain how your organization will accommodate the physical needs of participating children and ensure they can participate safely and meaningfully.**

**ACCESS OPENS DOORS AND ADVENTURES FOR EVERYONE.**

## 5 FINANCIAL ASSISTANCE REQUEST

INVESTING IN OPPORTUNITIES THAT CHANGE LIVES.

Please provide the financial details for this program or event.

| Total Program/Event Cost: | Amount Requested from New Adventures Foundation: | Number of children this funding will directly support: |
|---|---|---|
| $ | $ | |

### PROGRAM / EVENT COST BREAKDOWN

Please provide an estimated cost for each category related to this program or event.

| | |
|---|---|
| Registration/Participation Fees | $ |
| Adaptive Equipment | $ |
| Program Equipment/Supplies | $ |
| Transportation | $ |
| Lodging | $ |
| Meals | $ |
| Specialized Staff/Instructors | $ |
| Facility Costs | $ |
| Other (please specify) _____ | $ |
| **Total Request:** | $ |

**Please explain specifically how New Adventures Foundation funds will be used.**

*More Possibilities Ahead.*

*"When barriers are removed, children don't just participate... they thrive."*

# New Adventures FOUNDATION

*Empowering children with physical limitations to explore a world of possibilities.*




## 6 FUNDING & FINANCIAL NEED

COMMUNITY PARTNERSHIPS CREATE BRIGHTER TOMORROWS.

**Has your organization received or requested funding for this program from other sources?** ☐ Yes ☐ No

If yes, please provide the following information:

| Funding Source | Amount Requested | Amount Received / Pending |
|---|---|---|
| | | |
| | | |
| | | |

**Why is financial assistance from New Adventures Foundation necessary for this program/event?**

**Would the program/event take place without this funding?**

☐ Yes, as planned ☐ Yes, but at a reduced level ☐ Possibly ☐ No

**If funding is less than the amount requested, can your organization still proceed?**

☐ Yes ☐ No

*Together We Can Remove Barriers.*

**STRONGER COMMUNITIES. BRIGHTER FUTURES.**

## 7 MEASURING SUCCESS

REAL EXPERIENCES. LASTING IMPACT.

**What outcomes do you hope participating children will experience?**

**How will you determine whether the program/event was successful?**

Please check all that apply (you may select more than one).

- ☐ Number of children served
- ☐ Participation/completion
- ☐ Parent/caregiver feedback
- ☐ Participant feedback
- ☐ Increased confidence/independence
- ☐ Development of new skills
- ☐ Continued participation in the activity
- ☐ Other: _____

**How will you report the results of the program to New Adventures Foundation?**

# New Adventures FOUNDATION

*Empowering children with physical limitations to explore a world of possibilities.*

*Different Abilities Brighter Adventures*




## 8 HELP US UNDERSTAND THE IMPACT

REAL STORIES. REAL CHANGE.

**Why does this opportunity matter?**

Tell us what makes this program special and what participation could mean for the children you serve. Help us understand the difference New Adventures Foundation's support could make.

*"When we believe in their potential, extraordinary things happen."*

**MORE OPPORTUNITIES. BRIGHTER FUTURES.**

## 9 PHOTO / STORY & IMPACT REPORTING

SHARING STORIES BUILDS A BRIGHTER TOMORROW.

**Help us share the impact of your program.**

- ☐ Our organization agrees to provide photographs and/or participant stories only when appropriate parent/guardian authorization has been obtained for New Adventures Foundation to use them.
- ☐ Our organization agrees to provide a brief post-program report including the number of children served, use of awarded funds, and program outcomes.

*Stories Inspire Support.*

## 10 ORGANIZATION CERTIFICATION

PARTNERING TODAY. BRIGHTER TOMORROWS.

By signing below, I certify that I am authorized to submit this application on behalf of the organization and that the information provided is true and complete to the best of my knowledge.

I understand that funding is subject to availability and approval by New Adventures Foundation and that submission of this application does not guarantee financial assistance.

If funding is awarded, our organization agrees to use the funds solely for the approved purpose, notify New Adventures Foundation of any significant changes to the program or event, return any funds that cannot be used for the approved purpose unless otherwise authorized, and provide requested program and impact information following completion.

**Authorized Representative (Please Print):** | **Title:**

**Signature:** | **Date:**

### FOUNDATION USE ONLY

**Date Received:** | **Reviewed By:** | **Amount Requested:** | **Amount Approved:**

**Board Approval:** | **Payment Date:** | **Follow-Up Report Due:** | **Notes:**

# New Adventures FOUNDATION

*Empowering children with physical limitations to explore a world of possibilities.*

*Stronger Communities Brighter Futures*

INCLUSION
OPPORTUNITY
ADVENTURE
BELONGING

# Together, We Create More Possibilities.




**New Adventures Foundation** believes meaningful change happens when organizations work together. By partnering with organizations that understand the needs of children with physical limitations, we can open doors to experiences that may otherwise seem out of reach.

*Thank you for helping children discover what is possible.*

## WHAT HAPPENS NEXT?

1. **Application Received**
2. **Foundation Review**
3. **Funding Decision**
4. **Program Takes Place**
5. **Impact Report**

*Working together to create opportunities, remove barriers, and build brighter tomorrows.*

## Questions?


www.NewAdventuresFoundation.org
info@NewAdventuresFoundation.org
3213 W. Main St. #133, Rapid City, SD 57702


*Greater Adventures Together*

*Every Child. Every Adventure. Every Achievement.*