

The Sharon St. Cyr Fund, Inc.
"Hearing from the Heart" Interpreter Application

Application #: _____
(Completed by the SSC Fund)

The goal of the Sharon St. Cyr Fund, Inc.'s "Hearing from the Heart" Interpreter Program is to provide funding at events in need of interpreters that are not financially able to provide them for themselves, whether in whole or in part.

ALL REQUESTS FOR INTERPRETER AID WILL BE CONSIDERED; however, those applicants fitting our direct goals and profile will have priority. Monies will not be exchanged until after the application has been approved AND after the event has taken place.

The Sharon St. Cyr Fund, Inc. is an all-volunteer organization with limited funds trying to fill a need in the assisting of individuals with hearing impairments and organizations with interpreter services. It is our desire to help where we can; however, we may not be able to guarantee funding for all requests, even those which fit our direct criteria. If your request is approved or denied, you will be notified within 30 calendar days of the submission of your request of the status.

Section 1: Organization Information

1. Organization Name: _____
2. Address: _____
3. City: _____ State: _____ County/Parish: _____ Country: _____
4. Contact Phone Number: (_____) _____ - _____
5. 2nd Contact Phone Number: (_____) _____ - _____
6. Contact Email: _____
7. 2nd Contact Email: _____
8. Website Address: _____
9. Tax ID Number: _____

Section 2: Organizational Financial Information

(Information as it pertains to the Organization as a whole)

1. Type: ___ Corporation ___ Partnership ___ Sole Proprietor
___ Other (_____)
2. Status: ___ For-Profit ___ Non-Profit ___ 501(c)3 ___ Other (_____)
3. Organization Yearly Income: \$ _____
4. Organization Yearly Expenses (do not include monies donated to charities): \$ _____
5. Organization Yearly Net Income: \$ _____
6. Amount of Yearly Net Income donated to charities? \$ _____
7. Source(s) of Organizational Income: _____
8. Charities the Organization donates: _____

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Section 3: Event Information

(Information pertaining directly to the event you wish to receive funding)

1. Has this event been produced in the past? ___ Yes ___ No

If Yes:

1A. How many times over what time period? _____

1B. Date of last event: _____

For the next few questions, use the income from the last time this event was held or expected income if first event:

2. Event Income: \$ _____

3. Event Expenses (do not include monies donated to charities): \$ _____

4. Event Net Profit: \$ _____

5. How much of Event Net Profit is donated to other charities? \$ _____

6. Source(s) of Event Income: _____

7. Charities this event income will be donated: _____

8. Attach a schedule for the entire Event and indicate which parts of the Event an Interpreter is needed or may be needed.

Section 4: Assistance Request

1. What items make up the cost of the Interpreter Services? (Hotel, Travel Reimbursement, Interpreter Fees, etc.) List all items with the amounts.

2. Total Cost of Interpreter Services? \$ _____

3. Amount of the Assistance requested from SSC Fund? \$ _____

4. Have Interpreter Services been used at this Event in the past? ___ Yes ___ No

5. What is the Organization providing to the Interpreter(s) to compensate them? (Partner Run Package, Hotel Room, Travel allowance, Run Package, etc)

6. Has the Organization already paid the Interpreter for their services? ___ Yes ___ No

7. How will the organization conduct Outreach to the Deaf Community to inform them of the Interpreter Services being provided?

8. Number of Individuals who will utilizes the Interpreter (estimate): _____

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Section 5A: 1st Interpreter Information

1. 1st Interpreter Name: _____
2. Address: _____
3. City: _____ State: _____ County/Parish: _____ Country: _____
4. Home Phone Number: (_____) _____ - _____
5. Mobile Phone Number: (_____) _____ - _____
6. Email: _____
7. Certified Interpreter? ___ Yes ___ No
8. Amount of Assistance Requested for this Interpreter: \$ _____
9. Total est. hours worked by Interpreter (may not include travel time to Event): _____ hours

Section 5B: 2nd Interpreter Information (if applicable)

1. 2nd Interpreter Name: _____
2. Address: _____
3. City: _____ State: _____ County/Parish: _____ Country: _____
4. Home Phone Number: (_____) _____ - _____
5. Mobile Phone Number: (_____) _____ - _____
6. Email: _____
7. Certified Interpreter? ___ Yes ___ No
8. Amount of Assistance Requested for this Interpreter: \$ _____
9. Total est. hours worked by Interpreter (may not include travel time to Event): _____ hours

Section 5C: 3rd Interpreter Information (if applicable)

1. 3rd Interpreter Name: _____
2. Address: _____
3. City: _____ State: _____ County/Parish: _____ Country: _____
4. Home Phone Number: (_____) _____ - _____
5. Mobile Phone Number: (_____) _____ - _____
6. Email: _____
7. Certified Interpreter? ___ Yes ___ No
8. Amount of Assistance Requested for this Interpreter: \$ _____
9. Total est. hours worked by Interpreter (may not include travel time to Event): _____ hours

Section 6: Agreement to Stipulations

(The representative of the organization must initial each stipulation.)

___ I agree that interpretive services lasting longer than 1.5 hours will have at least two interpreters available for the event.

___ I agree that all interpreters will receive equivalent compensation for same services.

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Submission of Application

By signing this application, I attest that all of the information contained herein is accurate and true to the best of my knowledge. I also agree to complete the Follow-up portion of the Application within seven (7) days of the last day of the Event in which Assistance is requested (determined by Postmark or email). I understand if I do not complete the Follow-up portion of the Application and successful submit it to the SSC Fund, I will forfeit any assistance previously granted to the Organization for said Event. I also attest that I have the full right to complete and submit this Application on behalf of the Organization listed above.

Signature of Representative of Organization:

Printed Name: _____

Please send your request to:

Sharon St. Cyr Fund, Inc.
2641 Heatherwood Drive
Dallas TX 75228

or email: Applications@SSCFund.com
or fax: 214-324-3733

If you have any questions, please contact Jeffrey Payne at Jeffrey@SSCFund.com.

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Follow-Up Information
(To be completed after the Event)

Please complete the questions below to the best of your knowledge. All information contained here in will be used for internal purposes of the SSC Fund, Inc. only. This information assists the Board of Directors with the analysis of future projects.

Organization: _____

Event: _____

Date(s) of Event: _____

1. How many individuals used the Interpreter Services Provided? _____
2. Would you use or recommend the Interpreter for another event?
 - a. 1st Interpreter: ___ Yes ___ No
 - i. If No, why not: _____
 - b. 2nd Interpreter: ___ Yes ___ No
 - i. If No, why not: _____
 - c. 3rd Interpreter: ___ Yes ___ No
 - i. If No, why not: _____
3. How would you improve your Outreach to the Deaf Community at your next event in order to create more awareness of the Service you provide?

4. Do you feel the Application process is user-friendly? ___ Yes ___ No
5. How would you improve the Application Process?

Signature of Representative of Organization:

Printed Name: _____

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