

# FUNDING APPLICATION

## GENERAL INFORMATION

### Organization Information

|  |                                       |  |                           |
|--|---------------------------------------|--|---------------------------|
| <b>Legal Name:</b><br>RISE THERAPEUTIC<br>EQUESTRIAN CENTER HOME<br>OF RISE REHABILITATION | <b>Federal Tax ID#:</b><br>81-3032303 | <b>Are you a 501(3)(c) charity?</b><br>Yes |                           |
| <b>Address:</b><br>23165 BAT CAVE<br>ROAD  | <b>City:</b><br>SAN ANTONIO           | <b>State:</b><br>TEXAS                     | <b>Zip Code:</b><br>78266 |
| <b>Website:</b><br>RISEREHAB.ORG   | <b>Fax:</b><br>(210) 268-4558         |  |                           |

### Head Of Organization

|   |                                     |
|---|-------------------------------------|
| <b>Name:</b><br>RENEE BAULD                     | <b>Title:</b><br>EXECUTIVE DIRECTOR |
| <b>E-Mail Address:</b><br>RISEREHABTX@GMAIL.COM | <b>Phone:</b><br>(512) 919-0365     |

### Application Contact

|                               |  |   |                                 |
|-------------------------------|--|---|---------------------------------|
| <b>Name:</b><br>HEIDI SCHMIDT | <b>Title:</b><br>DEVELOPMENT<br>DIRECTOR | <b>E-Mail Address:</b><br>heidi@riserehab.org | <b>Phone:</b><br>(414) 587-0650 |
|-------------------------------|--|---|---------------------------------|

**Has the organization applied to the Gordon Hartman Family Foundation in the past and been declined?**

No

| <b>Grant Amount Requested \$:</b> | <b>Total Project Budget \$:</b> | <b>Organization's Annual budget \$:</b> |
|-----------------------------------|---------------------------------|---|
| \$25,000                          | \$25,000                        | \$101,621                               |

**Mission Statement:**

RISE is an equine-based therapeutic riding center which offers physical and occupational therapy (hippotherapy) as well as therapeutic riding. We serve both our clients and their families. Our mission is to create a community for individuals with cognitive, physical, or emotional challenges to help them meet personal goals, maximize activities of daily living, and improve overall function. For many of our clients there are limited places where they have the opportunity to be social, gain life skills, work toward independence, and experience of the joys of horsemanship.

**PROJECT INFORMATION**

**Program / Project Title:**

CLIENT SCHOLARSHIP FUND

**PROJECT TIMELINE**

| <b>Start Date</b> | <b>End Date</b> |
|-------------------|-----------------|
| 07/26/2021        | 07/26/2023      |

**Program / Project Description:**

Currently, RISE serves 44 clients per week. We have a rapidly growing waiting list which currently has 31 individuals.

Current demographic information includes: ages: 0-5 20% (9) 6-13 57% (25) 14-18 7% (3) 19-99 16% (7)  
Gender: Female 26 Male 18

Geographic areas served: Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall counties

The income levels for our clients range from 0-\$150,000. We have an average of 7/10 families that express deep concern over funding sessions and ask for scholarships during the initial application phase. Medical insurance does not fund our services. Currently our clients are self-funded. A previously funded partial scholarship fund has been fully distributed to clients who applied and were approved by our board. Our scholarship fund applications are board reviewed and fund up to 40% of lessons over a period of time determined by our board. We have a deep desire to meet our clients with therapeutic needs as well as the monetary needs to provide said therapy. With the long-term presence of COVID-19 causing further isolation for many families with safety protocols, quarantines, fewer services available in the community, and the interruption of typical daily schedules the need for our services has increased. We are receiving phone calls daily from potential clients seeking our services to help with the effects of isolation, anxiety, depression, and the absence of therapeutic interventions due to the pandemic.

**Evaluation Plan:**

Resources for this project include monetary funding and the time of our board members.

If funding is no longer a burden or barrier for our services, our number of clients will increase by at least 50%.

If a scholarship fund is in place and available, then potential and current clients have a potential resource for participating and funding our therapeutic services.

If a scholarship fund is in place and utilized, current clients may continue their services longer without feeling pressured to terminate services due to finances.

If a scholarship fund is in place and shared with donors and supporters, then additional and continual donations will be made specifically for the client scholarship fund.

If a scholarship fund is offered, our client base will increase both short-term and long-term.

**Plans to sustain project beyond the term of this request:**

As mentioned, we had a previous partial scholarship fund. All funds have been utilized at this time. It is our deepest desire to provide a scholarship fund to as many clients who express the need. We would encourage our active donors to donate to the scholarship fund and express its deep importance to our clients and their families. We would continue the scholarship fund, marking funds to be used yearly, on a first-come, first-serve basis with approval from our board members.

| <b>Line item Budget:</b>     |                                       |  |
|------------------------------|---------------------------------------|--|
| <b>Line Item Description</b> | <b>Total Project Funds Allocation</b> | <b>Gordon Hartman Funds Allocation</b> |
| Contributions-General        | \$26,000                              | \$25,000                               |
| <b>TOTAL:</b>                | <b>\$26,000</b>                       | <b>\$25,000</b>                        |

**BOARD OF DIRECTORS**

**LIST OF BOARD DIRECTORS**

| <b>Name &amp; Office Held</b>      | <b>Corporate Affiliation</b>                       |
|------------------------------------|--|
| JOHN FERGASON-PRESIDENT            | BROOKS ARMY MEDICAL CENTER-CENTER FOR THE INTREPID |
| DIXIE BURNER-VETERINARIAN ADVISOR  | BLUEGRASS EQUINE EMERGENCY SERVICES                |
| NATHANIEL MORRIS-FINANCIAL ADVISOR | FINANCIAL LIFE ADVISORS                            |
| JEREMY SCHMIDT-MEDICAL ADVISOR     | DIABETES & METABOLIC WELLNESS CENTER               |