



Supported by a grant from



**American Academy of Dermatology
2008 Shade Structure Program
APPLICATION
Document 2 of 2**

APPLICATIONS DUE: WEDNESDAY, MARCH 5, 2008

Applications must be received at the American Academy of Dermatology by this date.

BEFORE COMPLETING THIS APPLICATION, please note that multiple copies of certain parts of this application are required. Review the program instruction/information form for submission instructions and requirements of this award. (The program instruction/information form is a separate document from this application.) Incomplete applications or incorrect submission items will not be reviewed.

Section I : Organization Information

Organization Name: RAPID CITY PARKS AND RECREATION

Mailing Address: 2915 CANYON LAKE DRIVE

(Mailing address must be a physical address and not a P.O. Box)

City: RAPID CITY State: SD Zip: 57702

Web Site Address: www.rcgov.org

The Shade Structure Program is open to organizations and educational institutions that provide services, program and curriculum to children and teenagers, ages 18 and under.

Is the applicant an IRS 501(c)(3) nonprofit? Yes No

Please check the category that describes your organization (check all that apply):

Public School Private School Religious Organization

Daycare Center Recreation Organization Hospital/Healthcare Center

Public Agency/Unit of Government Municipality

Other (please specify): _____

Section II: Person Responsible for the Application

Name: Lon Van Deusen

Title/Relation to Organization: Parks Division Manager

Phone: (605) 394-4175 Fax: (605) 394-5307

E-mail: lon.vandeusen@rcgov.org

How did you learn about this program?

I'm an Academy member Through a local dermatologist I'm a previous applicant

Academy Web site Online Grant Listserv

Media coverage: (please specify) _____ Other: (please specify) _____

Section III: Information About the Area Requiring Shade

1. Over what type of outdoor area are you applying to have a shade structure erected?

Playground Educational Area Eating/Recreation Area

Other (please describe): _____

2. On a daily basis, estimate how many children and teenagers, ages 18 and under, use the area or will use the area covered by the shade structure: 50

On a daily basis, estimate the percentage of time (up to 100%), the area covered by the shade structure will be used by children: 100%

3. Will the area being considered for a shade structure be accessible to the public?

Yes No

If no, please provide a brief response about why the area to be covered by the shade structure would only be accessible to certain individuals.

Section IV: Installation and Maintenance

If your organization is selected as a recipient of the grant, an individual from your organization will need to work with a shade structure manufacturer to schedule and confirm installation. The shade structure must be installed with professional labor, the cost of which should be included in the contract from the manufacturer.

Shade structures are not designed to support the weight of heavy snow or the high winds of a hurricane, and often require additional maintenance, which should be described by the shade structure manufacturer at the time of installation.

In addition, the Academy will provide a permanent sign to be displayed near your shade structure promoting the importance of sun safety. The sign will be shipped directly with installation instructions and the Academy will notify you when the sign is expected to arrive. The sign should be installed within one month of the installation of the shade structure.

Does your organization have a maintenance supervisor who can be responsible for the shade structure and the installation of the sign?

Name of individual: LON VAN DEUSEN, PARKS DIVISION MANAGER

Phone: (605) 394-4175 Fax: (605) 394-5307

E-mail: lon.vandeusen@rcgov.org

If there is no maintenance supervisor, please explain how your organization will maintain the structure and install the sign:

Section V: Organization Introduction and Description

On a separate piece of WHITE 8½" x 11" paper with each question denoted by its number:

1. In two to three sentences, summarize the organization's mission including the type of service/work provided by the organization. If you are a school, please note what grades are served at this location. *Please note, this should be information about the organization that would receive the award.*
2. In two to three sentences, provide a description of the children and teenagers who will use the area covered by the shade structure, including, demographic information such as ethnicity, gender, age, people with disabilities, etc.

Section VI: Sun Safety in Your Organization and Community

On a separate piece of WHITE 8½" x 11" paper, please answer each question below, clearly identifying them as 6a and 6b. Each response should be no more than 500 words.

- 6a. Describe your organization's need for a shade structure, including the types of activities that will take place in the shaded area.
- 6b. Describe your organization's commitment to promoting sun safety within your organization. This would include information about curriculum, programs or activities that are currently in place to educate individuals about sun protection, or curriculum, programs or activities that are scheduled for future implementation within your organization.

Section VII: Photographs of the Area to Be Shaded

Attach one to two pages of color photographs of the area to be shaded on WHITE 8½" x 11" paper. Photos may show different angles of the area to be shaded. (These can be color photocopies.)

Section VIII: Approval

On letterhead from the management office, please provide a letter of approval from the property owner or manager for the installation of a shade structure.

Section IX: Proof of Insurance

Proof of insurance coverage for the property must accompany this application. This can include a certificate of insurance or a policy statement.

If a certificate of insurance or a policy statement cannot be acquired for this application, a letter explaining proof of insurance, and including all applicable policy numbers, can be submitted by the president of the board of directors, the executive director, superintendent of schools or similar individual with qualifications relevant to this request.

Section X: Sponsoring Academy Member Dermatologist Information

Applications must be sponsored by an Academy member dermatologist. To locate a dermatologist, visit the Academy's Web site at www.aad.org and click on the *Find A Dermatologist* link. Please note, the sponsoring Academy member dermatologist does not have to be from your city and can be from the surrounding area.

Sponsorship Submission Requirements

One letter of sponsorship, in two different formats, from the Academy member dermatologist is required for application submission:

1. The original letter should be on practice or office letterhead and signed by the dermatologist. This letter should include a brief summary of how the dermatologist has worked with your organization or a brief explanation of why the dermatologist is sponsoring your application. Faxed or photocopies of the letter are acceptable for inclusion with your application.
2. The alternate format of the letter should only include the body of the letter on WHITE 8½" x 11" paper. This version should not include the dermatologist's name or signature line, the dermatologist's office information or any other identifying information about the dermatologist.

Applications received without these two versions of the letter of sponsorship will not be reviewed.

The letter should be addressed to:
American Academy of Dermatology
Attn: Shade Structure Program Review Committee
930 E. Woodfield Rd.
Schaumburg, IL 60173

The following information can assist the Academy member in the development of a letter of support. The information on this page may be provided to the dermatologist to assist him or her in the preparation of the support letter.

- Describe your relationship with the organization.
- Describe any sun-safety program(s) you have initiated for the organization or any sun-safety program(s) in which you have participated at the organization. Describe how this program benefits the members of the organization.
- Describe any future ways you will be working with the organization to promote sun safety.

REMINDER: The two versions of the letter of support from the Academy member dermatologist must accompany the original application. Stand-alone letters will not be accepted and applications received without a sponsoring letter will not be reviewed.

Dermatologist Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____
Assistant's Name: _____

BEFORE COMPLETING THIS APPLICATION, please review the program instruction/information form for submission instructions and to review the requirements of this award. Please note, the program information form is a separate document from this application.

Applications must arrive at the Academy offices by U.S. postal service or special delivery no later than 5 p.m. (Central) on Wednesday, March 5, 2008 to be considered. Applications postmarked by this date will NOT be accepted. Neither faxed nor e-mailed applications will be accepted. Please submit the application to:

American Academy of Dermatology
Shade Structure Program
Attn: Shade Structure Program Review Committee
930 E. Woodfield Rd.
Schaumburg, IL 60173
(847) 240-1730

Recipient shall defend, indemnify and hold harmless the American Academy of Dermatology, its employees and its agents from any and all claims, lawsuits, demands, settlements and liabilities arising from or related to the purchase, installation, use and/or maintenance of shade structure(s) or Recipient's participation in the Academy's Shade Structure Program.

I have read and understand the above statement, and attest that my organization is willing to comply with the American Academy of Dermatology's Shade Structure Program Guidelines. (Please review the program information form, which is a separate document than this application.) By signing, I am confirming that the information I have provided in this application is accurate and truthful.

Signature: _____

Name (Please print): _____ Date: _____

If you have questions about the Shade Structure Program or the items required for submission, please contact Jennifer Allyn at (847) 240-1730 or jallyn@aad.org.