



FOSTER CHILD ENRICHMENT GRANT – APPLICATION AND INSTRUCTIONS

A COMPLETED APPLICATION FORM WILL EXPEDITE THE PROCESSING OF YOUR REQUEST

If you have questions about the application forms or process, please contact CASA Cares
by email: ccgrants@casamn.org phone: 612-728-5930 www.casacaresmn.org

INSTRUCTIONS FOR ALL APPLICANTS

1. Complete the Grant Application Form, Demographic Information Form, and required Caregiver Statements and Agreements.
2. Attach a brochure, price list or other document which describes the specific item to be purchased for the child, or the activity in which the child will participate. The cost of the item or activity must be provided. We will not make a grant in excess of the actual cost, some items have specific limits on the amount for which we will make a grant. If you have questions about these limits, please refer to Frequently Asked Questions.
3. If the cost of the activity or item is more than \$500.00, you must provide a short written statement of how the additional cost will be paid.
4. If the child is over 10, a short written statement from the child about how he or she will benefit from the grant must be submitted with the application.
5. If the application is technology related, the application must include supplementary documentation as follows:
 - (a) For a student in post-secondary education, a letter of acceptance from a college or other post-secondary school, date the student will enter the educational institution.
 - (b) For a student in high school or elementary school, a letter of support from a teacher or other appropriate professional describing the child's specific need and how the child will benefit.
6. If the applicant is not the child's caregiver, you must submit the signed Caregiver Support Statement and Agreement.
7. Maximum grant allocations 1 per child per 12 month period.

APPLICANT INFORMATION

Applicant Name: _____ Child's Name: _____

Child's Date of Birth: ____/____/____ Court case # (if known): JV _____

Phone Number (s): _____ Email Address: _____

Mailing Address: _____

Relationship to child: GAL Social Worker Caregiver Foster Parent Child other: _____

Application Date: _____ Date Needed: _____ Total Amount Requested: _____

Proposal Narrative

Provide a brief paragraph describing the grant request; include how the grant will contribute to the growth and well-being of the child. (Use an extra page if needed):



If goods or services are available through public funds, explain why public funding does not meet child's needs.

[Empty box for explanation]

By signing this application, I agree to the following conditions under which the grant is made by CASA Cares.

- a. Funds received from CASA Cares will be used only for the named child and only to purchase the items authorized by the grant.
- b. A receipt for the purchase of the authorized items will be provided to CASA Cares within 30 days of the grant award.
- c. Remaining funds after the purchase of authorized items; must be returned to CASA Cares within 30 days of the grant award.

Applicants Signature: _____ Date: _____

Application Checklist

- Completed and signed application (one per child).
- Completed Demographic Information Form.
- Program brochure, price list or other documentation that describes the goods or services for which funding is requested. The total cost of the goods and service must be stated. In any case where the cost of goods exceeds \$500.00, include documentation of how the excess amount will be paid.
- Signed Caregiver Support and Agreement statements.
- If the child is 10 or older, include Child Benefit statement.
- If technology grant, include letters or statements of support regarding need and benefit.

FOR INTERNAL USE ONLY

Grant # _____ Date Rec'd: _____ Date Rec'd by committee _____

Age and Gender of Child: _____ (Circle One) CHIPS / TPR / STATE WARD

Review date: _____ Approved / Denied _____ Reason: _____

Applicant notified: _____ Date: _____ by: _____ Payment type **and** documentation _____

Grant amount: _____ Date issued: _____ Case # _____



GRANT APPLICATION DEMOGRAPHIC INFORMATION FORM

GENDER:

- Male
- Female

RACE:

- African
- African American/Black
- American Indian
- Asian/Pacific Islander
- Hispanic/Latino
- Hmong
- Somali
- White
- Other
- Unknown

CURRENT PLACEMENT:

- Foster Home
- Group Home
- Relative Placement
- Shelter Placement
- Treatment Facility
- Other _____



CASA CARES



FOSTER CHILD ENRICHMENT GRANT CAREGIVER FORM

Caregiver Support Statement

I support this grant application submitted by _____ for
(Insert Name of Applicant)

(Insert description of activity or specific item to be purchased for the Foster Child, such as bicycles, music lessons, camp, YMCA membership, etc)

I will support the child's participation in _____
(Insert specific activity)

by providing transportation or other support necessary for the child to participate in the activity.

Date Caregiver

Caregiver Agreement to Conditions of Grant

If I am asked by _____ and agree to manage the Foster
(Insert name of applicant)

Child Enrichment Grant funds received from CASA Cares I agree to the following conditions:

- (a) I will spend grant funds received only for the named child and only to purchase these items authorized by the grant.
- (b) I will provide a receipt and any funds over \$5.00 after the purchase of the authorized item, to CASA Cares within 30 days of the date of the grant award.

Date Caregiver

Submit completed application to: ccgrants@casamn.org or by mail to:

PO Box 17358, Minneapolis, MN 55417