



**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](mailto:ccgrants@casamn.org) phone: 612-728-5930 [www.casacaresmn.org](http://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 \$750.00, you must provide a short written statement of how the additional cost will be paid.
4. If the child is 10 or over, 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. 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: \_\_\_\_\_

Relationship to child:  GAL  Social Worker  Caregiver  Foster Parent  other: \_\_\_\_\_

Application Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Total Amount Requested: \_\_\_\_\_

**Proposal Narrative**

Describe the grant request below and explain how it will contribute to the growth and wellbeing of the child.



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

**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 \$750.00, 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/Agreement to Conditions of Grant**

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.

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 Name (Printed)

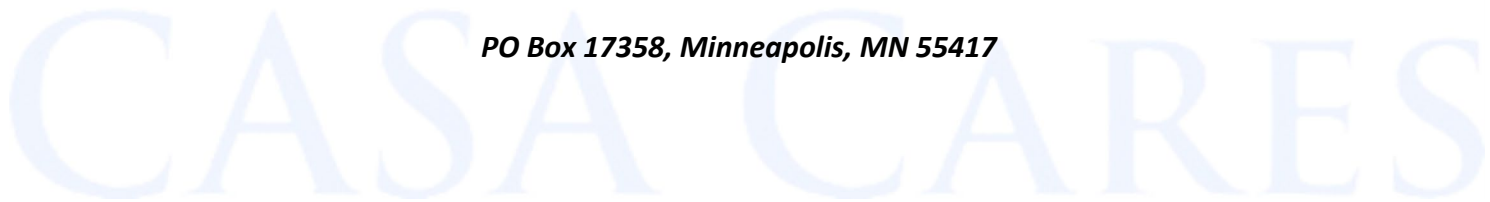
\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**Submit completed application to: [ccgrants@casamn.org](mailto:ccgrants@casamn.org) or by mail to:**

**PO Box 17358, Minneapolis, MN 55417**





## **Frequently Asked Questions (FAQs)**

Find answers to questions we hear most. If you have a question you don't see listed, please contact us for more information.

### **Who may apply for a grant on behalf of a child?**

Anyone can apply for a grant. Applications are frequently received from the child's GAL, social worker, foster parent, relative caregiving, or a child on their own behalf. Grants are available for children with open cases in Hennepin and Ramsey counties.

### **What supporting materials should accompany the grant application?**

- A program brochure price list, or documentation that describes the good or services
- If the item or activity exceeds the grant amount, a statement of how the remainder of the cost will be provided
- Caregiver Support Statement/Agreement to Condition of Grant required letters/statements for technology requests
- If the child is 10 or over, a short written statement from the child about how he or she will benefit from the grant

(Please refer to the application information form and application for checklist details.)

### **How much may I ask for?**

We consider grant requests with a maximum of \$750.00