



**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) [www.casamn.org](http://www.casamn.org)

**INSTRUCTIONS FOR ALL APPLICANTS**

1. Complete the Grant Application Form, Demographic Information Form, and required Caregiver Statements and Agreements.
2. **Attach a link to requested item, 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 more than the actual cost; some items have specific limits on the amount for which we will make a grant.
3. You must submit the signed Caregiver Support Statement and Agreement if requesting funds for a camp or other activity.
4. Maximum number of grant allocations per child per year subject to change based on funds available. No more than one large grant (>\$500) per year.

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Court case # : \_\_\_\_\_-JV-\_\_\_\_\_

Phone Number (s): \_\_\_\_\_ Email: \_\_\_\_\_

Child's Address: \_\_\_\_\_

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

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

**Proposal Narrative**

**Describe the grant request below.**

**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 that funds / goods received from CASA Cares will be used only for the named child. Any goods purchased by CASA Cares will go with the child in the event that the child moves on to a different placement or returns to the natural parents.***

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### Additional Contacts

Please Provide the Following Contact Information:

**Social Worker** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Guardian ad Litem** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Application Checklist

- Completed and signed application (one per child).
- Completed Demographic Information Form.
- Program brochure, link to item requested, 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.
- Signed Caregiver Support and Agreement statement – IF APPLICABLE. ONLY Required for grants requiring transportation for child participation.

### 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
- Other

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 \_\_\_\_\_



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**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.

\_\_\_\_\_  
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 454, Minneapolis, MN 55343**

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Date Revised 8/6/23

## 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 Minnesota.

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

- A program price list, link to item, or other documentation that describes the good or services
- Caregiver Support Statement/Agreement if applicable

### How much may I ask for?

This depends on the nature of the request. There are different maximums depending on the type of item or service requested. We will consider requests on a case-by-case basis if the request is for an amount that is above the maximum. If asking for more than the maximum, please explain why the standard amount is not sufficient.

- Bikes: \$350 including helmet and bike lock
- Dance gear: \$500
- Athletic Shoes: \$150
- Camps: \$1,000
- Computers: Depends on our ability to supply a refurbished computer. If refurbished is not available, no more than \$700 including tax
- Other: Case by Case

### Are there any items that are off limits?

- We will not approve any grant requests for items that cannot go with the child if and when they stop living in the current residence. E.g., no large trampolines or other lawn furniture.
- Absolutely no day care
- We avoid approving grants for items that the county will cover. Special circumstances will be considered for these requests.
- No family trips. If the family is going on a vacation, we will not pay for the foster child's portion of the expenses. The family should plan to cover those costs as part of the cost of going.
- The item or activity should be for child enrichment. TVs, gaming consoles, and luxury items will not be approved.