



Grant Request Application

****Please Refer to Grant Approval Guidelines for Further Instructions****

Date of Application: _____ Funding Needed By (Date): _____

Child's Name: _____ Age: _____

Child's Address: _____ Phone #: _____

Applicant's Name: _____ Phone #: _____

Applicant's Full Address: _____

Applicant's E-mail: _____

Foster Parent or Facility Name: _____

Foster Parent / Facility Full Address: _____

Foster Parent / Facility Phone: _____ E-mail: _____

Case Manager's Name: _____ Phone #: _____

Case Manager's Agency: _____ E-mail: _____

Full Description and Reason for the Request: _____

Cost-Itemize Your Request (Number of Lessons, Cost of Items, Including tax, etc): _____

List all other agencies or sources from which you have requested the aid and the amounts received from other sources: _____

If grant is approved, indicate the name of the business and full mailing address as it should appear on the check: _____

Give the full address of where the check should be mailed: _____

****ATTENTION: If items have already been purchased and you would like to be reimbursed, a copy of all receipts must be submitted with your application. Applications that are received without receipts, cannot be processed.****

Does the foster care provider approve of this request? _____ Yes _____ No

It is the objective of the Iowa Friends of Foster Children Foundation to NOT duplicate services or benefits provided by other public, private or governmental agencies. By making, or joining in making, this application, the undersigned states that they have investigated alternative sources to fulfill the foster child's needs and that no reasonable alternative is available.

Signature of Case Manager: _____ Date: _____

Signature of Foster Provider (if applicable) : _____ Date: _____

Signature of Child in Foster Care: _____ Date: _____

Iowa Friends of Foster Children Foundation - PO Box 522 - Johnston, IA 50131 - 800-277-8145 - www.iowafosterchildfund.org

Office Use Only: Decision: Approved _____ Denied _____ Amount: _____ Date: _____