



Grant Request Form

CASA: _____ Supervisor: _____

CASA Case #: _____ Case Name: _____

I. Purpose of Grant Request

Please detail with specificity how the grant will directly benefit the child and/or goal of permanence. Attach additional documentation as needed.

II. Dollar Amount Requested

Date Funds Required: _____

Total Cost of Services: \$ _____

Funds Provided By Other Sources (describe in Section III): \$ _____

TOTAL FUNDS REQUESTED: \$ _____

III. Service Provider

Who will provide this service?

Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Web site (if available): _____

Funds to be paid to (if different from service provider):

Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Web site (if available): _____

Please identify funding sources explored, other than Friends of CASA (e.g., DCFS, family resources, etc.), and the amounts to be provided by these sources.

Please describe alternative providers considered and why they have been rejected.

DCFS contacted

Treehouse contacted

Others contacted:

Please submit this form to your CASA Supervisor.

ADMINISTRATIVE APPROVAL

Supervisor: _____ Date: _____

Program Manager: _____ Date: _____

Funding Committee Approval: _____ Date: _____