# Funding Request

|  |  |
| --- | --- |
| CASA name       | CASA Supervisor name and **date approved**        |
| CASA file number       | Child’s initials (no names)       |

## 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. Amount requested

|  |  |
| --- | --- |
| Total cost of service(s) | $      |
| Funds provided by other sources (and describe in Section III) | $      |
| **Total Friends of CASA funds requested** | $      |
| Date requested |       |
| Date funds required |       |
| [ ]  FOC funding provided to case within past 12 mos.Date providedAmount provided |      $      |

## III. Service provider

| **Funds to be paid to** | Company name |       |
| --- | --- | --- |
|  | Contact name |       |
|  | AddressCity, state, zip |           ,             |
|  | Web site (if available) |       |
|  | [ ]  FOC direct purchase requested *–* ***OR*** *--* [ ]  Gift card requested  |

| **Recipient’s delivery address** | Contact name |       |
| --- | --- | --- |
|  | Phone Number (for delivery purposes) |        |
|  | Email (for delivery purposes) |        |
|  | AddressCity, state, zip |           ,             |

|  |
| --- |
| Identify funding sources other than Friends of CASA (e.g. DCFS, Treehouse, family resources, etc.), and the amounts to be provided by these resources.  |
|       |
| List specific sources that declined to provide support and reasons for rejection.  |
|       |

## IV. Demographics

|  |
| --- |
| The following information is optional, but important. It is used for tracking purposes only and is not considered in the grant review process. |
| Number of children this grant will benefit       |
| Ages of male children      , ages of female children        |
| Ethnic background[ ]  Asian [ ]  Caucasian [ ]  Native American[ ]  African American [ ]  Hispanic [ ]  Native American Mixed[ ]  African American Mixed [ ]  Mixed Race [ ]  Other |
| Placement[ ]  Parents [ ]  Relatives[ ]  Suitable Adult Placement [ ]  Licensed Foster Home |

***After your CASA Supervisor approves application, send the request as follows***

***To:*** ***liason@friendsofcasakc.org*** ***AND*** ***Kathy.McCormack@kingcounty.gov***

***cc:***  *your CASA supervisor*

***Subject:*** *FUNDING REQUEST - CASA case number xxxx for $xxxx*

*Typically, decisions for requested grants of $999 are made and the CASA informed within 1 week; amounts of $1000 or more may take 2 weeks.*

Revised 4/2017