



# Friends of CASA Grant Request

Dependency Legal # \_\_\_\_\_ Child(s) Initials \_\_\_\_\_  
CASA \_\_\_\_\_  
CASA Supervisor \_\_\_\_\_ Date Approved \_\_\_\_\_

**GRANT PURPOSE** How this grant directly benefits the child(ren) or goal of permanence.

## GRANT AMOUNT REQUESTED

Total Cost of Service(s) \$ \_\_\_\_\_  
FOC Grant Amount \$ \_\_\_\_\_ Date Requested By \_\_\_\_\_  
Other Sources Declining (required) and Providing (if any) Funds.

## PAYMENT METHOD

Special Instructions (if any)

**FOC PURCHASE** Where requested goods or gift card can be purchased.

Store Name or  
Link to Product

**DELIVERY INFORMATION** Where payment or purchased goods/gift card should be sent.

Payee Name \_\_\_\_\_ (if applicable)  
Reference # \_\_\_\_\_ (acct # or ID for payment, if applicable)  
Contact Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ (for fulfillment)  
Email Address \_\_\_\_\_ (for fulfillment)  
Website \_\_\_\_\_ (if applicable)

**DEMOGRAPHICS** Optional: not considered in grant approval.

# of Children \_\_\_\_\_ Child(s) Age(s) \_\_\_\_\_  
Placement Type \_\_\_\_\_ Ethnicity \_\_\_\_\_