



*Serving Connecticut children in need so they may achieve their greatest potential*

### **Grant Request Application**

*Please mail completed form with required attachments to the address shown below.*

#### **Contact Information:**

Adult Parent/Guardian Name:

Phone:

Email address:

Address:

Relationship to child:

Name and age of child seeking grant for *(maximum age considered is 21 years)*:

Please identify family wage earners, number and age of dependents (children and/or adults) living in household:

Is this request time sensitive, if so what is deadline:

How did you hear about us?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please describe in detail, the need (product/service) you are requesting for your child.
2. Describe barriers and challenges you have encountered in securing assistance for your child. Please include any additional information concerning any related economic or social challenges affecting the rest of your family due to this need.
3. Please list any other organizations and/or resources you have sought and, or received assistance from. If appropriate, please include a copy of the grant or denial letters.
4. Do you anticipate any additional assistance beyond this current request? If so, what is the total estimated amount needed and when?
5. Please include a signed copy of your family's most recent 2 Year's of detailed tax returns (including schedule A/itemized deductions) filed with the Internal Revenue Service.
6. If applicable, provide other sources and amounts of annual income not shown on tax returns i.e. Social Security, child support and other:

7. If applicable, provide list of current social services and providers serving your child.
8. If applicable, Include copies of at least 2 estimates by service/product provider for grant you are seeking.
9. If a grant is provided for your child, will you allow Cherish the Children Foundation to tell your child's and/or family's story in our marketing materials to? (any or all may apply: website, newsletter/e-communications to supporters, brochure/flyers, video interview at a fundraising event etc.)

## **Cherish the Children Foundation Grant Parameter Guidelines**

***A one time grant application per child will be considered for a Connecticut resident with demonstrated financial need and traditionally no place else to turn for some of the following but not limited to:***

- A. Financial assistance with a **short term need** for the child/family due to a medical emergency or condition, an opportunity for the child that the family can't afford on its own (camp, school trip, medical travel etc.)
- B. To provide financial assistance to help **improve the child's quality of life** - Specialty equipment or supplies denied by insurance or when all other traditional funding resources have been exhausted.

### **Steps CTCF Board needs to take to evaluation financial grant requests at monthly meeting**

1. Clarify what the need of the child/family is and if there are other funding and service resources not yet explored by the family before allocation of our resources. This is achieved by review of the Grant Request Application; phone interview and possibly a site visit.
2. The Board will determine if there is a demonstrated financial need after our Treasurer/CPA confidentially reviews tax returns and makes a recommendation to the Board.
3. If Board approved, CTCF will pay the service provider or product supplier directly.

NOTE: CTCF will **not** agree to monies funneling through the foundation to benefit specific children/families. In situations demanding a costly request with multiple organizations making contributions; CTCF prefers to be contacted once the majority of the funds have been raised and we will consider being the final payment to the vendor for a major purchase and to meet delivery dates to the family.

**Mail completed form and all other information as required by this application process to:**

**Cherish the Children Foundation  
P.O. Box 128  
Glastonbury, CT 06033**

**Thank you.**