



Milton Foster
Children's Fund
Application for Funding

(A child's voice in court®)

The Milton Foster Children's Fund (MFCF) is dedicated to helping foster children develop the resiliency necessary to become successful members of our community, allowing them to build a path that will lead them to a successful transition into adulthood. In reviewing applications for funds, highest priority will be given to requests for essential items that will add to their resiliency.

Child's Name: _____ Today's Date: _____

Name and contact phone number of person making this request:

Child's DOB: _____

Date of Initial Placement in Foster Care: _____ Anticipated Discharge Date: _____

Name of Foster Family or Group Home: _____

Foster Family or Group Home Address: _____
_____ Phone# _____

Childs Caseworker: _____ Phone#: _____

Agency and Address: _____

Amount of request (\$): _____

Has this child applied for and/or received funds from MFCF previously? Yes No (circle one)

If yes, details: _____

Please give a description of the item(s) / services being requested: _____

Please tell us what funding resources you have already investigated, and the results:

Are you asking for full funding of this request or will we be participating in the funding with another agency or individual? Please give details: _____

Please list the complete name and address of the individual to whom the MFCF committee should mail the funds, should this request be granted. **This person will be responsible for ensuring all funds are used only for the purpose stated in this application and that the MFCF committee will receive a receipt for that purchase. NOTE: If you would like direct payment to a vendor, please give complete instructions, in addition to listing the responsible party.**

Name: _____

Address: _____

Special Mailing instructions: _____

By signing below, I acknowledge that:

1. I will provide a receipt for good/services purchased to the MFCF committee.
2. Any unused funds will be returned to the MFCF committee w/in 30 days of receipt.
3. I will ask the child to send a Thank-You note that can be used anonymously for grant writing and reporting purposes. This will allow us to assist more children in the future!
4. Foster Child is placed through El Paso and Teller Counties.

Signature

Date

**PLEASE RETURN THIS APPLICATION TO:
Milton Foster Children's Fund
CASA of the Pikes Peak Region, Inc.
701 S. Cascade Ave, Colorado Springs, CO 80903
Or Fax to: (719) 667-1818**

The Milton Foster Children's Fund Allocations Committee meets the second Tuesday of each month. Requests must be received by the first day of the month to be considered that month.

In case of need for emergency assistance, you may contact: Kristy Peterson at (719) 447-9898 X-1026

Committee Decision Date:_____. Decision: Granted / Rejected

Reason for rejection:_____

Level of funding: \$_____

Committee Member Signature:_____