



# FRIENDS OF CHILDREN IN FOSTER CARE PROGRAM

## Grant Request Guidelines

The Iowa Foster and Adoptive Parents Association (IFAPA) empowers, supports and advocates for foster, adoptive and kinship families across Iowa. One of the programs operated by IFAPA is the Friends of Children in Foster Care program. This program provides Iowa foster children with the funds they need for those special “extras” in life which they would otherwise not receive. **The maximum grant request limit is \$200 per child, per fiscal year. IFAPA’s fiscal year runs July 1 - June 30.**

## WHAT TYPE OF GRANTS WILL THE FRIENDS PROGRAM FUND?

Items that will be covered by the Friends of Children in Foster Care program include:

- Sporting activity fees (registration fees for t-ball, etc.)
- Sporting equipment costs (helmets, gloves, cleats, etc.)
- Swimming lessons
- Summer camps (1 week maximum)
- Music instruments / lessons
- Tae Kwon Do / Gymnastics / Dance fees
- Prom attire (dress or tux rental)
- Senior/class trips
- Class ring
- Senior pictures
- Graduation expenses (cap & gown, announcements)
- College application fees

Items **NOT** covered by the Friends of Children in Foster Care program include:

- Medical expenses
- Basic clothing needs
- Furniture
- Child care
- Bicycles
- Funds for a car purchase
- Family passes (i.e. pool passes, zoo/science center passes, etc.)
- Any other items covered by foster care payments

## HOW DO I APPLY FOR A FRIENDS GRANT?

To be considered for a Friends grant, please complete an application and send it along with copies of receipts to the address listed below. The amount requested needs to be detailed and itemized including the business name and full mailing address. If a check is to be written out directly to a business we need a copy of an invoice. If items have already been purchased and you would like to be reimbursed, a copy of all receipts must be submitted with your application.

**Applications that are received without receipts/invoices, cannot be processed.** If the item(s) requested will be purchased from a major retailer (Wal-Mart, Target, etc.), IFAPA can only reimburse for those items with a copy of the receipt. IFAPA cannot write out a check directly to the major retailer. **Grants are only available to children in Iowa’s foster care system.**

## GRANT DECISIONS

**Please allow at least 10 business days for grants to be reviewed.** You will be notified in writing of the decision by the grant reviewers. Decisions will be made on an individual basis. Every item or opportunity that is granted is meant for the children, and must be taken with the child if they leave their current placement. If you have questions concerning an application, please call 800-277-8145 ext. 4 or via e-mail at [ifapa@ifapa.org](mailto:ifapa@ifapa.org).



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## Grant Request Application

**\*\*Please refer to grant request guidelines for further instructions. These grants are only available for children in Iowa's foster care system. \*\***

PLEASE PRINT CLEARLY

### ABOUT THE APPLICANT:

Date of Application: \_\_\_\_\_ Funding Needed By (Date): \_\_\_\_\_

Foster Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Foster Parent or Name of Facility: \_\_\_\_\_

Foster Parent / Facility Address:: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Foster Parent / Facility Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Case Manager's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Case Manager's Agency: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ABOUT THE GRANT REQUEST:

Full Description and Reason for the Request: \_\_\_\_\_

\_\_\_\_\_

Grant Amount Requested: \$ \_\_\_\_\_

Please Itemize Your Request (Number of Lessons, Cost of Items, including tax, etc): \_\_\_\_\_

List all other agencies or sources from which you have requested the aid and the amounts received from other sources:

\_\_\_\_\_

If grant is approved, indicate the name of the business and full mailing address as it should appear on the check:

\_\_\_\_\_

Give the full address of where the check should be mailed: \_\_\_\_\_

**\*\*ATTENTION: If items have already been purchased and you would like to be reimbursed, a copy of all receipts/invoices must be submitted with your application. Applications that are received without receipts, cannot be processed.\*\***

*It is the objective of the Iowa Foster and Adoptive Parents Association to NOT duplicate services or benefits provided by other public, private or governmental agencies. By making, or joining in making, this application, the undersigned states that they have investigated alternative sources to fulfill the foster child's needs and that no reasonable alternative is available.*

Signature of Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Foster Provider (if applicable) : \_\_\_\_\_ Date: \_\_\_\_\_