



# Childrens' Dreams Come True Fund Grant Application

Friends of RI CASA's "Dreams Come True Fund" grants cover expenses/purchases up to \$200 for certain urgent basic needs, and activities/items that support the social, educational, emotional development and independence needs of children and older youth represented by the RI CASA Program.

**Date of request:** \_\_\_\_\_ **Date needed by:** \_\_\_\_\_

CASA staff or VCASA name: \_\_\_\_\_

If VCASA, please include email/phone/name of CASA attorney:

EMAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_ ATTORNEY: \_\_\_\_\_

## CHILD & REQUEST INFORMATION (all fields must be completed)

Item/service/activity requested: \_\_\_\_\_

If gift card requested, amount requested: \_\_\_\_\_ What retailer/business: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Court Case Number: \_\_\_\_\_ Age: \_\_\_\_\_

### **PURPOSE:**

Please check:  DREAMS (Social, Arts, Sports, Activities, Special Items)  VEC  
 TECHNOLOGY  EDUCATION  NECESSITIES (Clothing, Food, etc.)  
 Mental/Emotional Health  OTHER (Please specify):

\*\*PLEASE BE AWARE ONLY CERTAIN GIFT CARDS WILL BE PROVIDED. Big Box Stores such as: TARGET, WALMART, TJMAXX, Burlington Coat Factory, KOHLS, AMAZON, etc. (CHILD IS NOT ALLOWED TO REQUEST PARTICULAR CLOTHING STORES)

**Delivery:** Should item be delivered to youth/family? If so, provide delivery name and address:

Please provide a short narrative about the underlying need, child's circumstances, how this grant will help the child/youth, and if there are any other resources to cover this request:

If maximum \$200 grant won't cover full cost of service/item, how will balance be paid?

**\*Continue to next page to enter payment instructions, for gift card information, and for signature.**

FRIENDS OF RI CASA USE ONLY. Please leave blank. Pay from following grant/account: \_\_\_\_\_

**IF PAYMENT MUST BE MADE TO AN INSTRUCTOR, VENDOR, OR ORGANIZATION:**

*When a grant is requested to cover an activity or event that involves an instructor, school, league or other entity, payments can only be made out to the person or entity sponsoring or offering the activity/lesson/event. You may deliver the check yourself, or request that it be mailed out to the payee.*

Name of person/entity to be paid: \_\_\_\_\_

If check must be sent to the attention of a person with a different name than payee, please include name of contact person: \_\_\_\_\_

Email and/or phone number for vendor or contact person: \_\_\_\_\_

Mailing address for payment:

**\*When request is for a gift card:**

*In cases where a child/youth/family needs to select the requested item because of sizing or other considerations, a gift card can be provided as long as the child's worker or guardian signs a document to take responsibility for purchasing requested item(s) as intended. A receipt must be returned to confirm purchases. A pre-addressed, stamped envelope can be provided for the purpose of sending receipts back to the Dreams program.*

**To submit completed application:**

Scan completed application and email to [dreamsforcasa@gmail.com](mailto:dreamsforcasa@gmail.com)

If it's not possible to scan and email please contact Us at: 401-458-3330

I certify that I am an authorized requestor associated with the CASA program, and will follow the above procedure when fulfilling the child's wish:

Signature:

Date:

**FOR DREAMS FUND ADMINISTRATOR USE ONLY:**

\_\_\_ Approved  
\_\_\_ Declined

Decision Date/: \_\_\_\_\_  
Reason for decline:

\_\_\_ Purchase/pmt. confirmed