



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: _____

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 request specific items from a valid retailer such as: Amazon, Walmart, Target, etc.

Delivery: Who should item be delivered to?

Name: _____

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:

To submit completed application:

Scan completed application and email to dreamsofricasa@gmail.com

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