



1924-2019

JUNIOR LEAGUE OF COLORADO SPRINGS

FOSTERING CHANGE FUND

Application

Your application document **must** include all of the following information. Incomplete applications will not be reviewed by the funding committee.

RECIPIENT INFORMATION

Name: _____

Age: _____

Approximate Time in Out-of-Home Placement: _____

Name of Person Making Request: _____

Relationship to Recipient: _____

Requestor's Phone Number: _____

Requestor's Email Address: _____

Professional Services Reference (case worker, GAL, CASA, medical professional):

Name: _____

Phone: _____

Email: _____

FUNDING INFORMATION

Date of application: _____

Request category (circle one): Health, Education, Cultural Development, Housing, Transportation, Employment, Other _____

Requested Funding Amount: \$_____

Date Needed: _____

Please describe the item/service(s) being requested.

Are you requesting full funding or will another agency/individual be sharing the cost? If so, please provide details.

Has this person received Fostering Change Fund grants before? Yes / No

If you answered yes to the previous question, what were the details of the request (request category, date, amount, purpose)?

Name of and address of vendor providing the service as it should appear on the check. Checks cannot be made out to individuals and will be made payable to the vendor providing the service.

FOSTERING CHANGE FUND TERMS AND ACKNOWLEDGMENT

The Junior League of Colorado Springs will issue grants to eligible parties only. Each grantee must submit evidence of their need and eligibility prior to the distribution of any funds.

Funds shall be awarded to the grantee vendor or service provider and not to individuals. **All grants must be used exclusively for the purpose(s) described in this application. Unused funds remain the property of the Junior League of Colorado Springs and must be returned to the Fostering Change Fund within 30 days of grant receipt.** The Junior League may not be able to fund all requests in full.

By signing and submitting this application, you acknowledge you have read, understand, and accept the terms of the Fostering Change Fund and are applying for a person eligible for funding.

Name: _____

Signature: _____

Date: _____

Completed applications may be returned by mail to the Junior League of Colorado Springs offices:

210 E. Dale St, Ste #200
Colorado Springs, CO 80903

OR

may be emailed to the JLCS offices: office@jlcoloradosprings.org

Regular applicants will be notified of funding decisions within 30 days of application.

THIS SECTION TO BE COMPLETED BY THE JUNIOR LEAGUE OF COLORADO SPRINGS

Application Receipt Date: _____

Receiving Committee Member: _____

Committee Review Date: _____

Reference Check Completed? Yes / No

Committee Decision: _____

Amount to Fund: _____

Board Review Required? Yes / No

Date of Grant Issued: _____