



NH Foster & Adoptive  
Parent Association

## Holiday Grant Application

The mission of the New Hampshire Foster & Adoptive Parent Association (NHFAPA) is to support foster and adoptive parents, kinship, family and relative caregivers, and remain a consistent strong voice on behalf of all children.

### Eligibility and Application Guidelines

Fully completed applications and any questions should be submitted to the attention of the **Grants Committee**:

- [nhfapaed@gmail.com](mailto:nhfapaed@gmail.com) or
- 9 Webster Street, Nashua, NH 03064

Electronic applications should be filled out electronically and attached to an email sent to [nhfapaed@gmail.com](mailto:nhfapaed@gmail.com). Do not send photos of the application from your phone or embed a picture of the application – simply attach the updated file to your email as a word document or PDF.

**Note:** NHFAPA reserves the right to request additional information if necessary.

**Foster Care Funds** - All grant funds are available for NEW HAMPSHIRE CHILDREN CURRENTLY IN NEW HAMPSHIRE FOSTER CARE.

The person receiving the award on behalf of the child must be a LICENSED NH FOSTER PARENT OR RELATIVE CAREGIVER.

**Post-Adoptive Funds** - MOST of our funding is provided for children in foster care only. Some funds may also be available to children who have been adopted through the foster system. Those funds may be applied for by the adoptive parent(s), or by the child him/herself if s/he has reached the age of 18 years. Please inquire first before applying for an adopted child.

**Designated Funds** - Some funds are only to be used for specific purposes such as school supplies, normalcy activities (recreation, sports, dance, etc), clothing, art programs, etc. These criteria are usually non-negotiable. The Grants Committee will determine if the appropriate funds are available for the specific purpose requested.

**Requirements for Applicants** - Applicants must show a need for funding. Certain factors will be considered including the impact of the assistance on the recipient's health, well-being and quality of life, as well as the financial situation of the applicant.

Priority will be given to applicants who would have difficulty funding the product or service without outside assistance.

**How much is awarded?** Applicants may usually receive one grant for each child per calendar year. However, there may be some flexibility with this requirement. Please contact us directly if you feel a child may benefit from additional assistance.

Specific amounts of grants awarded may fluctuate based on the amount available to NHFAPA at the time of application. We will often not be able to fund a product or service in its entirety. Please consider alternate sources to fund any remaining balance.

**How may funds be used?** Funds may be requested for a wide range of purposes, but must specifically benefit the individual for whom funding is sought.

Examples of items we may fund:

- School and related supplies
- Recreational activities/items: camps, sports, s.t.e.m. programs, music/art programs, paid school events, essential equipment/supplies for any of these.
- Clothing: generally special or activity-related items not otherwise reimbursed.
- *Most items and services should be considered the property of the child, and therefore should move to any new home with them.*
- *NHFAPA does not fund activities that include religious instruction.*

**Application Period** - Applications may be submitted anytime throughout the year but specific funds may have individual deadlines and decisions are based on availability.

**Decisions** - Grants are awarded based on demonstrated need and the ability of the grant to positively impact the life of the recipient. If an application is denied, the applicant will be informed of the rationale behind the decision. Applicants are welcome to reapply for the same child for another purpose, or as funding for the requested purpose becomes available.



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Please complete both pages/sides.

Date: \_\_\_\_\_

Child's first name and last initial only: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Caregiver's relationship to child:

Foster Parent  Adoptive Parent  Relative Caregiver  Other

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

\*Phone(s):

\_\_\_\_\_

\*Email:

\_\_\_\_\_

**Funding Requested** – Describe the program, service, or item(s) requested, why it is needed, and its cost to the caregiver. Please refer to the previous notes about eligibility and excluded services.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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**Caseworker/Case Manager**

Please include name, agency, and contact information:

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**Household Information**

Total # of adults (18+) \_\_\_\_\_ and minors \_\_\_\_\_ who reside in the household with the applicant.

Please include any additional information about household members that is helpful to the Committee (*i.e.: disabilities, barriers to employment, other extenuating circumstances, composition of family – adoptive, biological, foster, etc.*)

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I understand that I must retain in my personal records all receipts from related purchases.

I attest that all information provided in this application is accurate and true. Must be signed electronically by caregiver.

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**Signature**

**Date**

Return completed applications with documentation to: [nhfapaed@gmail.com](mailto:nhfapaed@gmail.com).

**NHFAPA • www.nhfapa.org • nhfapaed@gmail.com • (603) 717-5899 •  
• 9 Webster Street, Nashua, NH 03064 •**