



NH Foster & Adoptive
Parent Association

Windows by Wendy's 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 or
- 9 Webster Street, Nashua, NH 03064

Applications should be filled out electronically and attached to an email sent to 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 seeking to become a LICENSED NH FOSTER PARENT OR RELATIVE CAREGIVER.

Designated Funds - Funds are only to be used for direct costs for windows purchases for the bedroom of the child.

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.

Amounts will be awarded based on the contractor's invoice. The invoice provided *must* include a line-item breakdown of all costs.

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.

Approved grants will normally be paid directly to the service provider or vendor. In some cases, applicants will be reimbursed after providing documentation of payment *in addition* to the contractor work order or invoice.

NHFAPA



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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:

Caseworker/Case Manager

Please include name, agency, and contact information:

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.*)

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.
This must be signed by the caregiver.

Signature

Date

Return completed applications with documentation to: nhfapaed@gmail.com.