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|  | | | | | | | | | | | | GRANT REQUEST PLEASE BE SURE TO REVIEW GUIDELINES ON BACK OF FORM | | | | | | | | | | | | | |
| Child’s Name | | |  | | | | | | | | | | | | DOB | |  | | | | Case Number | | | |  |
| Caretaker’s Name | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Caretaker’s relationship to child | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item(s) Requested: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Amount Requested $: | | | | | |  | | | | (See reverse side for annual maximum allowances) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make Check Payable to: (must be to the provider; or caretaker or non-minor dependent with a receipt) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initiator of Request: | | | | | | Protective Services Worker | | | | | | | Other (Specify) | | | | | | |  | | | | | |
| Other Attempts to secure funds: | | | | | | | | HSA Funds  City Youth Now | | | | | | | | | | | Other (Specify) | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Request: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check box for Tech Fund: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.  Camp 6.  Self-Esteem Programs  2.  Graduation related expenses 7.  Sports Participation Expenses  3.  Lessons (i.e. music, martial arts, etc.) 8.  Prom/School Dances  4.  Family Visits and/or Travel 9.  Non-Minor Dependent Expenses  5.  Field Trips | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of PSW/Other Requestor | | | | | | | |  | | | | | | | | | | Signature | | |  | | | | |
| PSW/Other Requestor’s Phone Number | | | | | | | | |  | | | | | | | | | Date | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SFFYF USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Check # | | | | |  | | | | | | | Date Issued | | | | |  | | | |  | | |
| Comments: | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Signed |  | | | | | | | | | | Date | | | | |  | | | | | | Approved | | | Denied |
| Signed |  | | | | | | | | | | Date | | | | |  | | | | | | Approved | | | Denied |

**Guidelines for San Francisco Foster Youth Fund Requests**

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| 1. **The San Francisco Foster Youth Fund (SFFYF) is a non-profit organization supported by contributions.**  * Please consider if your request can be filled or matched by any other funding sources (i.e., HSA funds, City Youth Now or Philanthropic Ventures Foundation). * Appropriate requests to the SFFYF include lessons, school-related activities, athletics and athletic uniforms, camps, proms and school dances, family visits/travel, and graduation-related expenses and expenses for non-minor dependents. There is also a separate tech fund to help foster youths over age 12 to purchase devices they may need to use in their educational and job-hunting pursuits, approved on a case by case basis. * Keep in mind that your requests should meet the child’s specific needs. If you are not sure if your request is appropriate for the SFFYF, consult with Eric Hoberg (415) 557-5378, Eileen Cavan (415) 557-5693, or Chris McClenney (415) 557-5998. * Maximum tech grant is $250 per youth per calendar year. * Maximum for all other grant categories is $350 per youth per calendar year. An exception can be made for high school seniors who have higher than usual expenses related to their graduation. For these youth, the maximum for regular grants will be $500 for the calendar year that includes their graduation.  1. If you think your request is appropriate, fill out the request form on the reverse side. Please make   sure you have completed all the blanks. Failure to provide all necessary information will delay your  request. Include the specific reason for the request and receipts and/or supporting documents.   1. After completing the request form, send it, and the appropriate documentation, by inter-office mail to   Eileen Cavan, J110, 170 Otis St. 5th Floor, or email it to [eileen.cavan@sfgov.org](mailto:eileen.cavan@sfgov.org) You will be notified by phone when a decision has been made regarding your request.   * If your request is an “emergency”, please **contact by phone or hand deliver** it directly to Eileen Cavan or Eric Hoberg, (170 Otis St. 7th floor) [eric.hoberg@sfgov.org](mailto:eric.hoberg@sfgov.org) and every effort will be made to accommodate your request as soon as possible.   4) We look forward to working together with you on behalf of all the children served by San Francisco Child  Protective Services. |