



**Footprints in the Sand Foundation
Grant Application 2011/2012**

I. CONTACT INFORMATION

Parent/Guardian Name: _____

___ Married ___ Single ___ Widowed ___ Divorced

Address: _____

Phone (day) _____ (night) _____

E-mail _____ Occupation _____

Number of children in the family: _____

II. INFORMATION ON CHILD NEEDING ASSISTANCE:

If the grant will be assisting more than one of your children please include a separate sheet with the following information for each child.

Name of Child _____

Date of Birth _____ Grade in School _____

Name of School _____

Please check ALL that apply:

- ___ My child is age 18 or under
- ___ My child lives at home
- ___ My child lives in Bergen County, NJ or Rockland County, NY
- ___ My child has been diagnosed with an illness
- ___ My child is dealing with a divorce
- ___ My child is struggling with a recent death

III. CRISIS: Briefly describe your crisis as it relates directly to your child(ren). Attach a separate sheet if necessary.

IV. CURRENT SITUATION

Is your child(ren) currently enrolled in a group/program or seeing an individual provider _____ Y/N

If yes, please provide the contact information for your provider including phone number:

If no, do you have a group/program or individual provider in mind for your child(ren) to attend or see _____ Y/N

If yes, please provide the contact information for that group/program or individual including phone number:

V. Family Financial Information:

Total taxed family income earned and unearned, before taxes \$ _____
(please include a copy of your prior two years tax returns)

Are you receiving Social Security Income for your child? _____ Y/N

Have you received family support funds this year from any other agency? _____ Y/N

If yes, how much did you receive and from which agency:

\$ _____ From _____

FINAICIAL DISCLOSURE FORM

Assets

Cash-checking, savings and money market accounts _____

Certificates of Deposit _____

Brokerage Accounts _____

Mutual funds not held by broker _____

Stocks not held by broker _____

Bonds not held by broker _____

Residence _____

Other real estate _____

Automobiles _____

Cash value of life insurance _____

IRA/401 (K) _____

Other _____

TOTAL _____

Liabilities

Credit Card Debt _____

Home Mortgage _____

Medical Bills _____

Other Liabilities _____

TOTAL _____

MONTHLY INCOME & EXPENSES

Income

Wages _____

Social Security _____

Disability Income _____

Retirement Benefits _____

Annuity Income _____

Other Income _____

TOTAL _____

Expenses

Food _____

Medical _____

Clothing _____

Auto (Loans/leases, gas, insurance) _____

Health Insurance _____

Home Insurance _____

Rent/Mortgage _____

Utilities _____

R/E taxes _____

TOTAL _____

VI. Conflict of Interest/Agreement:

I have read and completed this grant proposal and certify that the information contained in it is correct to the best of my knowledge and the best of my belief. I certify that I have made a diligent search for other sources of funding for this request and that, to the best of my knowledge; there are no other resources, public or private, available to fulfill this request.

_____ Signature of parent or guardian _____ Date

Please return this application to:

Attn: Casey DeZorett
Footprints in the Sand Foundation
100 Paragon Drive, Ste. 250
Montvale, NJ 07645

with the following enclosures:

- _____ Grant Application (completed and signed)
- _____ Copy of your prior two years tax returns
- _____ Document with diagnosis (if applicable)

Applications will be reviewed at the end of each calendar quarter, March, June, September & December.

All requests will be answered within 30 days of their review date.

Please call (201) 505-9710 if you have any questions.