



WYANOKE CHILDREN'S SUPPORT FUND APPLICATION

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The Wyanoke Children's Support Fund is an endowment made possible by private donations from employees at The Wyanoke Group. The purpose of this fund is to directly benefit youth (up to age 21) who are currently clients of Center For Family Services. The Wyanoke Children's Support Fund is intended fund things that are not funded through existing program budgets but will improve the lives of our clients.

Directions to request funds for your program:

- 1) Program Directors or AVP's should complete this application to request funding. Submit the application the Associate Vice President Jen Hammill at least 30 days in advance of when you will need the funding. You will receive a response within 2 weeks.
- 2) If your request is approved, you will need to make purchases/spend the funding within 30 days of receiving approval.
- 3) Turn in original receipts along with credit card statement (if applicable) to the finance office within 30 days of receiving the application

Program Requesting Funding: _____

Amount of Request: \$ _____

Date of Request: _____

Date funds are needed by: _____

Please note— If Wyanoke funding is allocated to your program, you have 30 days from this date to spend the funds and turn in all receipts.

Contact Person: _____

Contact Email: _____ **Contact Phone:** _____

Office Address: _____

Category: (Please choose one)

_____ **General Program Need** (i.e. – purchase a TV/game for common area, subscription to magazine for shelter/residential facility, educational materials for program)

_____ **Client Assistance for Whole Program** (i.e.- Take all youth in program on educational field trip, purchase materials for workshop for all clients in program)

_____ **Specific Assistance to Client** (i.e. – stroller for young mom, educational support for a youth, bed for a client to be able to return home with his family, etc.)

What other assistance to clients is available?

____ Client Assistance Money

____ DCPD assistance for clients

____ In-kind donation of needed items

Please explain fully the purpose for which you are seeking support from the Wyanoke Children's Support Fund?

How will this money directly benefit program/client(s)?

Please provide current information on the clients your program serves, including # of clients in program as of date of request, age of client(s) this money will support, average length of stay in your program.



**WYANOKE CHILDREN'S SUPPORT FUND
RECORD OF FUNDS SPENT**

Center For Family Services Program: _____

Date: _____

Amount of Original Request: \$ _____

Exact Amount of Funds Spent: \$ _____

All original receipts should be delivered to the finance office. Copies of all receipts and/or credit card statements (if applicable) should be attached to this form.

Contact Person: _____

Contact Email: _____ **Contact Phone:** _____

Office Address: _____