



Contra Costa Foster Friends

Opportunity Fund Application (no retroactive reimbursement for completed activities)

Date:

Child's Name:

Child's Age:

Child's Street Address:

Child's City/State:

Child's Zip Code:

Social Worker Name:

Social Worker Phone Number:

Name of Person Requesting Funds:

Relationship with the Foster Child:

Phone Number:

Email Address:

Brief Explanation of the Request:

Name of Entity:

Address:

Phone:

Total Cost:

Activity Description:

Have you asked the entity for a foster child scholarship?

Have you applied to other sources of funds?

Have you received other funds from Contra Costa Foster Friends this calendar year? If so, how much?

If approved, Contra Costa Foster Friends will pay the cost directly to the provider. Please attach a copy of a flyer or invoice. If you have already paid, please attach proof of payment.

Submit this application to Kelly Mann at kellymann36@gmail.com.

Do not write below the line. For use by Contra Costa Foster Friends

Approved_____ Denied_____ Pending_____

Vote summary:

Signature and title_____

Contra Costa Foster Friends, 367 Civic Drive #7, Pleasant Hill, CA 94523

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CCFosterFriends.org

CCFosterFriends@gmail.com