



VERMONT FOSTER /ADOPTIVE FAMILY ASSOCIATION
Children's Activity Fund (CAF) Request Form

VFAFA CAF began in 1997 with a donation on behalf of Linda Kapuscinski, who retired after 35 years of dedicated service to children and families. Her request was to use the money to support children attending summer camps. Funding to keep this grant program available comes from private fundraising; primarily from the silent auction & raffle at the annual VFAFA conference.

VFAFA has a limited amount of money available that can be used to reduce the cost of enrichment activities for children in foster care or adoptive forever homes. If you are interested in fundraising to support this fund please email caf@vfafa.net or send any funds raised to the address below with a letter of explanation. We appreciate your support to keep this fund available to many.

Grant eligibility criteria* is:

- Paid annual family VFAFA membership - \$35.00 per calendar year
- A child, up to age 21; in the custody of DCF or adopted from VT foster care, living in Vermont

One grant per calendar year, per child

* By submitting this form for reimbursement you are authorizing VFAFA representatives to verify eligibility with necessary agencies.

Grants may only be applied to enrichment activities, it is not meant to cover treatment or educational expenses. Grants are on a first-come, first-served basis based on available funds. The amount of funding may vary based on the request, but will not exceed \$100. Checks will be made out to the foster/adoptive parent and mailed to your home address on this form (direct payments to providers is not available). Allow 4-6 weeks for reimbursement upon the submission of this form with appropriate receipt(s). Requests will not be processed without legible receipt(s) with the amounts, activity, and the organization's name clearly identified.

Child's Name: _____ Age: _____

District: _____ Foster child Adopted child

Foster/Adoptive Parent(s) Name: _____

Address: _____

Telephone: _____ Email: _____

Activity/Camp: _____ Date: _____

Total Cost: _____ Amount Requested: _____

Briefly describe enrichment activity and how the child will benefit from this experience. (continue on other side of sheet if necessary)

*****Return form and receipt(s) to: *****

**By Mail: VFAFA
PO Box 205
South Barre, VT 05670**

**Email: caf@vfafa.net
Telephone: 802-847-7376**

- **Enrichment Activities include: Sports, Camps, Extracurricular, Equipment, etc.**
- **Excludes Arcades, Amusement Parks, Travel Costs, Electronics**
- **All request are granted at the discretion of the board of directors.**