

GUIDELINES FOR FUNDS REQUESTS TO VIP, INC.

Please follow the guidelines below when submitting requests to VIP, Inc.

Complete the request form in the appropriate area (top box for an individual probationer, middle box for program funds and indicate the number of clients served by these funds). If requests are made for an individual client, the request **MUST** come from the **assigned Probation Officer**.

Indicate the Probation program name (Adult/Juvenile), supervision type and location. (Example: JSOM, WATCH-ADULT, High Risk Supervision, etc.) This is very important for auditing purposes.

Indicate the reason/justification. Please be very specific and indicate what other resources you have tried to acquire or fulfill this need for your client. All invoices/receipts must be submitted to the VIP Treasurer.

If requesting money, indicate the company/store/organization the check should be made payable to in the bottom box. Checks will not be made out to probationers or their families. Checks are only payable to the vendor providing the goods or services, or, in some instances, to the Probation Officer requesting the funds.

The supervisor shall acknowledge the request followed by approval of the appropriate VIP service representative.

The current list of VIP Service Representatives includes:

<u>Juvenile Field Services/ Institutions</u>	
Clara Lapastora, SRPO	volunteersinprobation .inc@gmail.com
<u>Adult Field Services</u>	
Anna Laudner, CDPO	volunteersinprobation .inc@gmail.com

The Service Representative can answer any questions regarding your request or any VIP Program available. They will review your request and contact the VIP Treasurer to insure funds are available. **If the request is \$299.99 or less**, the Service Representative has the authority to approve and process and forward to the VIP Treasurer. VIP Treasurer will contact the Probation Officer when the check is ready for pick-up.

Fund requests of \$300 and above, the VIP Board must approve. Please plan to attend a monthly board meeting in person or virtually to give a presentation, not to exceed ten minutes, for consideration and approval of your request.

The VIP Board meets the 3rd Thursday of each month from 11:30 a.m. to 1 p.m., (no meeting in December) so please submit your request at least two weeks in advance to your aforementioned VIP Service Representative.

All funds distributed require receipts, which must be scanned and sent email to volunteersinprobation.inc@gmail.com and mail hard copy to VIP Inc. PO Box 881141, San Diego CA 92168. Failure to do so may result in delay or not accepting any future requests made by an individual.

Fund requests may be utilized to purchase underclothes and/or hygiene products, up to \$50.

If you need to check on the status of a fund request, you can contact VIP Treasurer to find out when the check will be ready and to make arrangements to pick-up the check.

GENERAL GUIDELINES

- Available **department or community** resources must be explored by the Probation Officer before applying for funds from VIP, Inc.
- Expenditures should have long-range benefits to the clients.
- Basic needs (food, shelter, and clothing) can be met **only if the need is clearly and urgently apparent** and again, all other alternative sources have been explored.
- With the modest funds available, to accomplish some service to the largest number of clients, **preference is given to small expenditures for many**, rather than large expenditures to a few. However, each case is judged on its own merit.

Probation Officer Reminder:

Fund requests of \$300 and above, the VIP Board must approve. Please plan to attend a monthly board meeting in person or virtually to give a presentation, not to exceed ten minutes, for consideration and approval of your request.

DO NOT INCLUDE CLIENT'S OFFENSE IN PRESENTATION

Thank you for your cooperation. VIP is here to assist officers and client needs. If you have questions, please don't hesitate to contact a VIP Service Representative for assistance.

USE THIS FORM TO: 1) Request funds for a specific program or for individual probationer needs.
2) Access funds already allocated by VIP to a specific program.

REQUEST IS FOR: Individual OR Program, Number of Clients served _____
(If requesting funds for a Program, please indicate the number of clients that will be assisted by these funds)

FILL OUT THIS SECTION IF REQUEST IS FOR AN INDIVIDUAL PROBATIONER

Name: _____ Phone _____

Probation Program Name and Location (i.e. JSOM, High Risk Supervision, WATCH, etc.): _____

Check appropriate areas: Adult Juvenile (Parent/Guardian Name): _____

Reason/Justification: **(Please be specific. Attach additional page if needed.)**

Amount Requested: \$ _____ Date Needed: _____

BUS PASS REQUESTS ONLY: First Month Second Month Third Month
A maximum of three months of bus passes per client. All requests must be received by the 15th of each month

FILL OUT THIS SECTION IF REQUEST IS FOR OVERALL PROGRAM EXPENDITURES

Name of Program: _____

Funds are requested to purchase: (Identify Items. Attach additional page if needed.) _____

Amount Requested: \$ _____ Date Needed: _____

Checks should be made payable to a vendor/company when appropriate. The Probation Officer must secure receipts for items purchased and forward to **VIP Treasurer, volunteersinprobation.inc@gmail.com** and **VIP Inc. PO Box 881141, San Diego CA 92168.**

Make checks payable to: _____

I certify that this probationer is in compliance with his/her conditions of probation.

Probation Officer (Print): _____

Location: _____ MS: _____ Phone #: _____

Date of Request: _____ P.O. Signature _____

Supervisor Initials (Acknowledge form): _____ Date _____

**** Fund requests of \$300 and above, the VIP Board must approve. Please plan to attend a monthly board meeting on _____ to give a presentation, not to exceed ten minutes, for consideration and approval of your request.*****
(The VIP Board meets the 3rd Thursday of each month from 11:30 a.m. to 1 p.m., (no meeting in December) so please submit your request at least two weeks in advance to your aforementioned VIP Service Representative.)

OFFICIAL USE ONLY: Restricted Funds Account Unrestricted Funds Unknown

VIP Service Rep Approval _____ Date _____

VIP President - Board Approval _____ Date _____
(Only for requests \$300 or more)

VIP Treasurer Approval _____ Date _____