

APPLICATION RESUBMISSION REQUEST

Although you were not selected during the most recent application period, you may request that we submit your Grant Application during the next application period.

Remember - we do NOT reimburse for fees/expenses that have already been paid. Please look carefully at the Application Deadlines on our website to make sure that you will still have outstanding bills that will be due.

Please complete this form and the Updated Financial Information page and the **non-refundable \$10 Resubmission Fee** and mail it to:

Affording Adoption Foundation, PO Box 834, Nixa, MO 65714 before the next Application Period Deadline.

Please email us at <u>cindy@affordingadoption.com</u> when you mail this, to make us aware that it is being submitted.

Date:				
Grant Applicant(s):				
Address:		State:	Zip:	
Phone:	Email:			
When was your application firs	t submitted? (month/)	/ear)		
You may request to have your Applicator a \$10 Fee. You must complete a Figure 365 days have passed, you must subsiguarantee that you will be chosen dureach period, as if it was a new application of the property of the prop	esubmission Request and mit a new application with ing any future application tion.	d pay \$10 for each application the \$25 fee. Completing this periods. Your application will	n period in which you wish to re-app Resubmission Request does not	ly. After



DETAILS OF CURRENT ADOPTION:

ADOPTION AGENCY or ATTORNEY INFORMATION (If you are selected to receive a grant, we will send the check to the agency or attorney listed here)							
Name of Adoption Agency or Attorney	<i>/</i> :						
Name of Contact Person/Caseworker:							
Mailing Address:							
City:			State:			Zip:	
Phone:			Email:				
INFORMATION ABOU	JT CHILD(ren)	TO BE	ADOPTE	D (use the additional p	age if nec	essary)	
Child's Name	DOB		Gender	Country of Birth		Special Needs or Circumstances	
*Expected date o	ation is VERY II	up chil MPORT	ld(ren) / p			n date.	
Please include a typed statement o grant. These can be related to you include additional information abou or special needs. If you have curre	r financial sta It the child(re	atus, or n). Thi	r related is might	to the child(ren) y include any explar	ou are a	dopting. Please	
Affording Adoption Foundation	nfo@affordingag	lontion (com	Applicant Last Nam	م. م		



UPDATED FINANCIAL INFORMATION as of _____(date):

A. ADOPTION EXPENSES:	TOTAL	AMOUNT ALREADY PAID	BALANCE DUE	DUE DATE or ✓ IF PAID IN FULL	
Total Home Study costs	\$	\$	\$		
Total Agency/Attorney fees	\$	\$	\$		
Total Country fees	\$	\$	\$		
Total Travel costs	\$	\$	\$		
Post Placement costs	\$	\$	\$		
Other costs not included above:	\$	\$	\$		
TOTALS:	\$	(a) \$	a) \$ (b) \$		
AMOUNT NEEDED TO COMPLETE ADOPTION AS OF: (b) \$:					

B. DISBURSED FUNDS: Please list all funds received and used. If you have not received it all yet, please include those funds on Chart C.	TOTAL AMOUNT ALREADY USED		
Personal Funds - already used for this adoption:	\$		
Grants Already Received:			
Name:	\$		
Name:	\$		
Fundraising Efforts - already received:	\$		
Loans - already received:	\$		
Other Sources: Explain:	\$		
TOTAL FUNDS ALREADY USED:	\$*This amount should match (a) on Chart A.		



C. POTENTIAL FUNDING RESOURCES: Please use this chart to explain any additional funding. Include fundraising, donations, grants you have applied for but are awaiting a decision, or any other funding resource you are pursuing.	TOTAL AMOUNT	Date you expect to receive this funding				
Future Personal Contributions	\$					
Employer Benefits:	\$					
Tax Credits:	\$					
GRANTS APPLIED FOR:						
GRANT: Affording Adoption Foundation	\$					
GRANT:	\$					
GRANT:	\$					
FUTURE FUNDRAISING EFFORTS/DONATIONS (please explain):						
Explain:	\$					
TOTAL POTENTIAL FUNDING RESOURCES:	\$*Ideally, this amount should match (b) on Chart A.					
Signature(s) of applicant(s): / Date: /						