

**Dream Fund Application**

application number (office use only):

Date:

Send to: PO Box 224, East Machias, Maine 04630

fax: 207 835 4500

The Dream Fund helps providers from CCC partner agencies access resources to help clients with children with financial barriers reach their dreams. Applications need to be submitted by staff providers and **all communication** is between the provider and the Dream Fund Committee.

## General Information

Provider Name: \_\_\_\_\_ Provider agency: \_\_\_\_\_

Provider email: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Client / Family Name: \_\_\_\_\_

Client / Family Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age(s) of child(ren)( must be between 5 and 18 years old): \_\_\_\_\_  
child 1 child 2 child 3 child 4

## Request / Dream Information

Please provide a brief family history and describe the dream:

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**Resources available that currently support this dream:** (please be specific)

Scholarships _____	Transportation: _____
Equipment _____	Uniform _____
Instructor/mentor/coach _____	Other agency support _____
Supplies _____	Other _____



**How can the funding make a difference to the child(ren)?** (please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Promotes Resiliency                                | <input type="checkbox"/> Increases access to nature           |
| <input type="checkbox"/> Supports their passion                             | <input type="checkbox"/> Increases access to arts and culture |
| <input type="checkbox"/> Increases physical activity                        | <input type="checkbox"/> Increases access to fun              |
| <input type="checkbox"/> Supports positive relationships with peers         | <input type="checkbox"/> Promotes joy                         |
| <input type="checkbox"/> Supports positive relationships with caring adults | <input type="checkbox"/> Other _____                          |

**Please categorize your request according to the following areas:**

- |   |   |
|---|---|
| <input type="checkbox"/> Supplies & equipment         | <input type="checkbox"/> Travel expenses (gas, meals, etc.) |
| <input type="checkbox"/> Lessons (how many) _____     | <input type="checkbox"/> Other expenses _____               |
| <input type="checkbox"/> Camps/programs (dates) _____ | _____   |

## Additional Documentation

- All requests must include supporting materials showing the cost or an estimate of the costs for this dream (e.g., an estimate, advertisement or brochure outlining the fees).
- If combining Dream Fund with other resources, you must fill out the ***Combined Funding Budget*** on page 3.
- Share any information you think the committee should know when making a determination:

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## Payment Information

(must be completed)

Vendor / Instructor/ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_



## Contact for follow-up survey

Dream Fund recipients are invited to complete and return a survey which will help the CCC capture the actual impact of the Dream Fund. The survey will be mailed out within 3 months after the funds have been disbursed.

\_\_\_\_\_  
Parent / Guardian Signature: Date: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature: Date: \_\_\_\_\_

*Thank you for your application*

## Combined Funding Budget

Only fill in the line items that apply to this request / dream. Total costs must equal total funding.

### Costs

- Supplies & equipment \$ \_\_\_\_\_
- Fees (for camp, etc.) \$ \_\_\_\_\_
- Transportation \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_
- TOTAL COSTS** \$ \_\_\_\_\_

### Funding Sources

- Dream Fund Request \$ \_\_\_\_\_
  - Other Agency Support \$ \_\_\_\_\_
  - Savings \$ \_\_\_\_\_
  - Family Contribution \$ \_\_\_\_\_
  - Other \$ \_\_\_\_\_
  - TOTAL FUNDING** \$ \_\_\_\_\_
- (must equal total costs)