



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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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



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

- Promotes Resiliency
- Supports his/her passion
- Increases physical activity
- Supports positive relationships with peers
- Supports positive relationships with caring adults
- Increases access to nature
- Increases access to arts and culture
- Increases access to fun
- Promotes joy
- Other \_\_\_\_\_

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

- Supplies & equipment
- Lessons (how many) \_\_\_\_\_
- Camps/programs (dates) \_\_\_\_\_
- Travel expenses (gas, meals, etc.)
- Other expenses \_\_\_\_\_

**Is the applicant requesting any of the items from the list below?**

- Yes
- No
- Laptop Computer
- Desktop Computer
- Tablet
- Adaptive device, such as a screen reader to aid in

**Is the applicant's income at or below 200% of Federal Poverty Guidelines?**

- Yes
- No

**Select which population the applicant falls under:**

- Rural
- Age 60+
- Individual with disability/disabilities
- Recently incarcerated
- ESL/low literacy
- Person of color/member of an ethnic group
- Low income
- None of the above



## 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:
- 
- 

## 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*

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## 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)