



DATE RECEIVED

CHILDREN'S TRUST FUND APPLICATION

Organization Name:	Division/Department: (if applicable)	OFFICAL USE ONLY
Type of Organization:		Fiscal Year:
Contact Person and Title:		Accepted:
Person with Signing Authority and Title:		Declined:
Mailing Street Address	City, State, Zip	Other:
Email:	Primary Contact #	Secondary Contact #

Total Amount Requested: \$		
Has the organization for which you are requesting funds, received funds from the Children's Trust Fund in the past? If "YES" complete and attach the Application Addendum	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the organization for which you are seeking funds, been funded by the Children's Trust dollars in this current fiscal year? If "YES" complete and attach the Application Addendum	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the organization for which you are seeking funds in good standings with the Yuba County Children's Wellness and Child Abuse Prevention Council to receive funding? If "NO" complete and attach the Application Addendum	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of children and/or families that may directly or indirectly benefit:		
Indicate county district, community or area(s) that will benefit:		

Briefly describe how you plan to use the funds to support the mission of the Yuba County Children's Wellness and Child Abuse Prevention Council. Please explain how the funds will be used to promote public awareness regarding child abuse and intervention services (max 500 Words):



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I hereby declare under penalty of perjury, that all statements made on or in connection with this application are true and complete. I understand that any omission or misrepresentation of material fact in this application may result in refusal of the application or repayment of funds. I understand and accept that all awards by the Commission are contingent upon successful completion of the application terms and final expenditure report within 30 days of project completion.

I hereby release and forever discharge and hold harmless and assume the defense of Commission, its officers, employees, or elective and appointive boards, both individually and collectively, from any and all claims, losses, damages, including property damages, personal injury, death and liability of every kind, directly or indirectly, arising as a result of or in connection with any of grantee's alleged activities in connection with this agreement.

By signing below, I acknowledge that I have carefully read and understand this release, and agree to its provisions. This waiver and release will expire one year after the date signed. A photocopy of this Waiver and Release is to be considered as valid as an original.

Signature: _____

Date: _____



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APPLICATION ADDENDUM

Has the organization for which you are requesting funds, received funds from the Children's Trust Fund in the past?

If "YES", please identify the name of your project/program, the year funding was awarded, the purpose, the amount your agency received and any outcomes. (250 words max)

Has the organization for which you are seeking funds, been funded by the Children's Trust dollars in this current fiscal year?

If "YES" please provide the name of your project/program, a short description, the amount your agency received and how you plan to distinguish these dollars. (250 words max)

Is the organization for which you are seeking funds in good standings with the Yuba County Children's Wellness and Child Abuse Prevention Council to receive funding? If "NO" please provide why not and an explanation to be considered. (250 words max)