GRANT REQUIREMENTS

Brittany's Hope Grant

REQUIREMENTS FOR APPLICATION

Prior to applying for the Brittany's Hope Adoption Grant through AGCI, adoptive families must meet the following requirements:

- 1. Family must be a current, contracted client with AGCI.
- 2. Family must apply at least three (3) months before final trip.
- 3. Family has referral for older child, child with special needs, or sibling group.

Note: A child/children with special needs is/are defined as one(s) having significant cognitive delays, psychological, physical or medical needs, and/or a child who has significant behavioral problems, is of an older age (4 years or above), or children placed within a sibling group.

- 4. Family must have a current home study, approved by AGCI.
- 5. Family must be able to comply with the Brittany's Hope requirements listed below:
 - a. We will endeavor to raise a minimum of donations to Brittany's Hope, equal to one-half (½) of our total awarded Adoption Grant. Brittany's Hope will provide avenues and events to assist us in raising these funds.
 - b. We understand and agree that any funds raised in excess of one-half (½) of our total awarded grant amount may be used by Brittany's Hope toward other Adoption Grants or humanitarian programs.
 - c. We understand and agree that should we not raise our commitment of one-half (½) of our total awarded Adoption Grant, we will receive funds equal only to the amount we raised (no matching funds will be provided).
 - d. We understand that our grant will be paid directly to All God's Children International to be used only toward legitimate adoption expenses.
 - e. We understand we may not donate money to Brittany's Hope toward our own adoption expenses and receive a tax deduction.
 - f. We understand and agree that should we decide not to follow through with our adoption or the adoption is disrupted for any reason, donations will not be returned to donors, but will be used toward other programs as directed by the Brittany's Hope Board of Directors.

If you meet these requirements, please fill out a grant consideration form to start your grant application process.



GRANT CONSIDERATION FORM

| 1. | SELECT GRANT | ☐ Brittany's Hope Grant | | | | |
|----|------------------------------|-------------------------|--|--|--|--|
| 2. | FAMILY INFORMATION | | | | | |
| | Family Name | | | | | |
| | Phone Number | | | | | |
| | Address | | | | | |
| | Dossier Completion Date | | | | | |
| | Placement Date | | | | | |
| 3. | CHILD INFORMATION | | | | | |
| | Full Name | | | | | |
| | Birth Date | | | | | |
| | Country of Origin | | | | | |
| | Description of Special Needs | | | | | |
| 4. | FINANCIAL INFORMATION ASSETS | | | | | |
| | Residence (market value) | | | | | |
| | Savings/Checking | | | | | |
| | Other | | | | | |
| | Total Assets | | | | | |
| | LIABILITIES | | | | | |
| | Mortgage | | | | | |
| | Credit Card | | | | | |
| | Other | | | | | |
| | Total Liabilities | | | | | |
| | | | | | | |
| | Yearly Income | | | | | |
| | Monthly Income | | | | | |
| | Monthly Expenditures | | | | | |
| | Cost of the Adoption | | | | | |
| | Amount Paid | | | | | |
| | Amount Remaining | | | | | |

| 5 . | QUESTIONS | | | | gra | nt considera | uion iorm | | |
|------------|--|----------------|------------------|-----------------|---------------|--------------|-----------|--|--|
| | Have you adopted a child before? | | | | | | | | |
| | Agency Name | | | | | | | | |
| | Adoption Finalization Date | | | | | | | | |
| | When do you anticipate the final tri | ip? (approx) | | | | | | | |
| | Have you transferred, or are you in the process of transferring, programs from another AGCI program? | | | | | | | | |
| | | | | | | | | | |
| | How will this grant affect your adoption? | | | | | | | | |
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| | Please describe your plan for fundraising. | | | | | | | | |
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| | | | | | | | | | |
| | How much do you wish to receive? | BRITTANY'S H | OPE: INCREMENTS | OF \$1.000 | | | | | |
| | Additional Information | | | | | | | | |
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| ß | PLEASE SUBMIT A 500-WO | | OLETTED AL | NEWEDING | THE FOLL | OWING OI | IECTION | | |
| Ο. | How do you feel this financial a | | | | | | ESTION | | |
| | Trow do you reer this illianciar a | issistance wil | i neip your rain | my with the ac | option of you | ar Cillia: | | | |
| 7 . | RETURN THIS FORM AND CO | VER LETT | ER BY EMA | L TO | | | | | |
| | All God's Children Internation | al | accounting@ | allgodschildrer | n.org | | | | |
| | Attn: Grant Coordinator | | | | | | | | |
| | 1400 NE 136th Ave., Suite 201 | | | | | | | | |
| | Vancouver, WA 98684 | | | | | | | | |
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| oign | ature | | | | | Date | | | |
| | ACCURE ONLY | | | | | | | | |
| -OR | AGCI USE ONLY | | | | | | | | |

AGCI GRANT FUNDS REMAINING

GRANT OFFER

FAMILY PROPOSED GRANT AMOUNT