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| *BRAZORIA COUNTY CHILD WELFARE BOARD*Bccps board*111 E. Locust, Angleton, Texas 77515* |  |

## Request for Funds

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| Requester Information |
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|  |  |  |  |
| --- | --- | --- | --- |
| Case ID Number: |  | Date: |  |

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| --- | --- | --- | --- |
| Child’s Name: |  |  |  |
|  | **First**  | Last Initial  | Child’s Age |

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| --- | --- |
| Caseworker Name: |  |

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|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Project Number | **Make Check Payable to:** | Date needed by |

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| --- | --- | --- | --- |
| Amount Requested: |  | Fund: |   |
| Account: |  | Department: |  |

 |
| Detail Description of request: |
|  |
| Comments: |
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| --- | --- |
|  |  |
| Caseworker Signature | Date |

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|  |
| Approvals  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Signature: |  | Program Director Signature: |  -NA -  |

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|  |  |
| --- | --- |
|  |  |
| CPS Board Member Signature | Date |

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|  |
| Office Use Only |
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|  |  |
| --- | --- |
| Comments: |  |

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| --- | --- | --- |
| Status: |[ ]  Approve |[ ]  Declined |

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| **You must submit requests five days prior to the third Monday of each month to County CPS Development Manager.** |

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**Budget for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Description of Items** | *Projected Expenses* |
| **Quantity** | **Unit Price** | **Total** |
| Event Date |
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| Total Projected Expenses |  |  |