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

## Request for Funds

|  |
| --- |
| Requester Information |
| |  |  |  |  | | --- | --- | --- | --- | | Case ID Number: |  | Date: |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Child’s Name: |  |  |  | |  | **First** | Last Initial | Child’s Age | |
| |  |  | | --- | --- | | Caseworker Name: |  | |
| |  |  |  | | --- | --- | --- | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Project Number | **Make Check Payable to:** | Date needed by | |
| |  |  |  |  | | --- | --- | --- | --- | | Amount Requested: |  | Fund: |  | | Account: |  | Department: |  | |
| Detail Description of request: |
|  |
| Comments: |
|  |
| |  |  | | --- | --- | |  |  | | Caseworker Signature | Date | |
|  |
| Approvals |
| |  |  |  |  | | --- | --- | --- | --- | | Supervisor Signature: |  | Program Director Signature: | -NA - | |
| |  |  | | --- | --- | |  |  | | CPS Board Member Signature | Date | |
|  |
| Office Use Only |
| |  |  | | --- | --- | | Comments: |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Status: |  | Approve |  | Declined | |
| |  | | --- | | **You must submit requests five days prior to the third Monday of each month to County CPS Development Manager.** | |

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

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