CIN Number

It is the Foundation’s honor to help meet the needs of children in the Guardian ad Litem Program. To ensure donor dollars are used efficiently and effectively, the Foundation established guidelines for the Children in Need Fund. Funds are intended to meet needs where no other funding sources are timely available, and items or services provided should serve to create normalcy for child(ren). Funding decisions are based on need and available funding. The Foundation shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin, disability, marital status, sexual orientation or military status in any of its activities. All funding must be pre-approved and matched with applicable receipts. Complete CIN Guidelines are available at: NWFGAL.ORG.

**REQUEST OVERVIEW**

Date of Request:       Date Needed:       Amount Requested: $0.00 Office:

Requester Full Name:       Requester Phone Number:       County:

Child Advocate Manager (CAM) Name:       CAM Phone Number:

Child(ren) first names only:       Age(s):       Child(ren)’s Current Placement:

If previous CIN funds have been received for this child(ren), provide the CIN number:

**FUNDING REQUEST DETAILS:**

Type of Funding Requested:

Briefly describe the child’s need:

Describe alternative funding sources researched:

For Health and Well-being requests, please explain why services are not covered by insurance or Medicaid:

Source (or potential source) for item or service:

**PAYMENT INFORMATION**

Payment Type:

Full name of check payee:

Payee’s position in the GaL Program:

Phone number of check payee:

Email address of check payee:

Mail check/voucher/gift card to:

Complete address where check is to be mailed:

***Terms of Funding****:*

* *All CIN requests must be pre-approved.*
* *After approval, Volunteer Advocates may personally purchase* ***approved items or services,*** *provide receipts to the Foundation and receive a check for reimbursement of approved/expended amount* ***OR***
* *Volunteer Advocates may request Foundation pre-payment. When pre-payment is requested, a check, voucher or gift card will be provided to the CAM or Volunteer Advocate with which to make the approved purchases. The check/voucher/gift card must be used for approved items. Funding is not transferable.*
* *Following request approval, receipt of funds and making purchases,* ***receipts must be scanned and emailed to*** ***CIN@nwfgal.org******.***
* *Receipts must reconcile with amount pre-paid and unused funds must be returned to the Foundation at:
NWFGAL Foundation, Attention: Treasurer, 1800 St Mary Avenue, Suite 3, Pensacola, Florida 32501*
* *Purchases should be made, receipts provided, and unused funds returned within 30 days of check being mailed.*

**APPROVAL TRACKING**

CAM’s Name:       Decision:  Date:

Circuit Director’s Name:       Decision:  Date:

CIN Committee Decision: Decision:  Date:      Amount Approved:

Treasurer Name:       Check Number:       Date Check Mailed:       Check Amount:

Location Check Mailed:

Comments:

**CIN FUND RECEIPT REMITTANCE FOR PRE-PAYMENTS**

Please complete this form and return with receipts attached.

Name of person completing form:       Position in GAL Program:  CIN Number:

Phone Number       Email Address:       Check # Issued:

Amount Received:       Amount Used:       Amount Returned:

* Return receipts as soon as possible, but no later than 30 days from check being mailed.
* Original receipts are no longer required, only electronic or scanned copies of receipts are needed.
* Identify your CIN Number on your receipts if possible.
* Scan or photograph receipts such that all information is clear and legible.
* Open and review the scanned receipts to be certain all of the information is captured.
* Contact your CAM for assistance if you do not have access to a scanner or smartphone.
* Email scanned receipts and this completed form to CIN@nwfgal.org.
* Return unused funds to the Foundation at: NWFGAL Foundation, Attention: Treasurer, 1800 St Mary Avenue, Suite 3, Pensacola, Florida 32501
* Comments or summary if receipts are unclear:

Please check all that apply:

[ ]  I confirm that all unused funds are being returned to the Foundation with this remittance.

[ ]  There were no unused funds.

[ ]  Receipts match funding.

[ ]  I confirm that all purchases were for items on the related CIN request as approved by the GAL Foundation.

[ ]  I am unable to provide receipts for the approved purchases. (**Only if box checked,** please complete the following, print, complete signatures and submit as indicated above.)

I understand the Foundation’s Status as a 501(c)(3) prohibits unqualified or undocumented payments to an individual and that private inurement is explicitly prohibited. I certify that I received a check in the amount above from the NWFGAL Foundation for the benefit of children in the GAL program. I certify that the check was used for the purpose described in the request for funds. The original receipt was lost. I have attempted and cannot obtain a duplicate receipt. An itemized list of purchases is provided:

|  |  |  |
| --- | --- | --- |
| **Store / Vendor** | **Item Purchased** | **Amount** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **TOTAL** |  |       |

**Check payee name:** **Date: \_\_\_\_\_\_\_ Check payee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgments:**

**Circuit Director:** **Bryan Carter Date: \_\_\_\_\_\_\_ Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foundation President:** **Alicia Skolrood Date: \_\_\_\_\_\_\_ President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**