

# Archbishop Robert J. Carlson Adoption Grant APPLICATION FOR ASSISTANCE

#### **APPLICATION PROCESS**

- Applications are due by **November 1<sup>st</sup> of each year** and grants are awarded with notification in late December or early January.
- Applications may be submitted electronically or as printed hardcopy
- Completed application include:
  - **Application Form** (completed online or submitted in printed form)
    - Including:
      - Contact and demographic information
      - Agency information
    - Financial information including
      - Summary of paid and anticipated expenses
      - Information on other sources of funding (received or anticipated)
  - **Supporting Documents**: (attached to application)
    - Proof of completed home study (receipt, first page, etc.)
    - Proof of pursuit of adoption through 501(c)(3) agency
      - Acceptable evidence includes:
        - a copy of a currently valid IRS tax exemption certificate;
        - a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a nonprofit status
        - a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status;
    - Copies of paid expenses (as referenced in the financial information section)
  - **Letter of Request** (attached to application)
    - Approximately 500 words
    - Written by the applying family giving context to their adoption journey.
    - Include any information which gives light to financial or personal complexity of the journey so the committee may best understand the family's needs.

#### Submit entire application online at <a href="http://www.bit.ly/ARJC-Grant">bit.ly/ARJC-Grant</a>

## **OR** submit printed application with all supporting material to:

Office of Natural Family Planning, Archdiocese of St. Louis

ATTN: ARJC Grant 11700 Studt Ave., Ste C St. Louis, MO 63141 Questions: stlnfp@archstl.org 314.997.7576





## **GRANT POLICY**

#### **Eligibility Policy**

- Eligible candidates ideally include those who have adopted within the past year of the application deadline and those pursuing adoption.
- Adoptions must be in process through a 501 (c)(3) agency licensed to place children with provision of a receipt and documentation of status of the agency. Assistance is not available for independent adoptions (this includes adoptions through lawyers, facilitators or humanitarian organizations not licensed to place children).
- An applicant may apply one time for each adopted child.
- Grants will only be awarded for bills incurred. However, anticipated expenses will be considered.
- The candidate must have a satisfactory home study with documentation provided.
- Grants for reimbursable expenses include but are not limited to home study, post placement visit, citizenship fees, application fees, etc.

#### **Awards Policy**

- Awards may be distributed among several applicants.
- The amount and number of grants awarded will be dependent on the number of requests and the amount of revenue in the fund.
- Preference may be given to couples who experience infertility.
- Preference will be given to Christians active in their own faith tradition, with a preference to practicing Catholics.
- Priority for funding will be given to applicants from within the Archdiocese of St. Louis. After funding commensurate with previous years' grants has been awarded, grants of lesser amounts to those applying from outside of the Archdiocese of St. Louis may be considered.
- Recipients will accept their award in person at the Office of Natural Family Planning.





# Archbishop Robert J. Carlson Adoption Grant APPLICATION FORM

## I. CONTACT INFORMATION:

WIFE:	Full Name		Occupation	
HUSBAND:	Full Name		Occupation	
Street Address	S			
City		 	State	Zip Code
Phone			E-mail	
-	any biological child(ren)? hat are their names and ages?	Yes	□ No	
Has your child	(ren) been placed with you?	Yes	D No	
If yes, w	hat are their names and ages?	 		
Are you a prac	ticing Roman Catholic?	Yes	• No	
Are you a Chri	stian active in your faith?	Yes	D No	





## III. AGENCY INFORMATION:

Agency Name			
Street Address			 
City		State	 Zip Code
Phone			
Is your agency 501(c)(3) approved?	Yes	No	
Has your home study been completed?	□ Yes	□ No	
<ul><li>Attach to this application form:</li><li>Proof of completed home students</li></ul>	dy (receipt, fir	st page, etc.)	

- $\Box$  Proof of pursuit of adoption through 501(c)(3) agency
  - Acceptable evidence includes:
    - a copy of a currently valid IRS tax exemption certificate;
    - a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a nonprofit status
    - a certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status;





### IV. FINANCIAL INFORMATION:

Do you anticipate applying for a tax credit? $\Box$ Yes $\Box$ No		
Have you or do you anticipate receiving other financial assistance for adoption?	□ Yes	□ No
If yes, who have you or do you anticipate receiving financial assistance?		
What is the anticipated or received amount of assistance?		

In the table below, please list the agency and anticipated vs. paid fees for the items below.

AGENCY:	ANTICIPATED	PAID
Application Fee		
Home Study Fees		
Placement Fee		
Court Costs and Filing Fees ( <i>if applicable</i> )		
Legal Fees		
Travel Expenses ( <i>if applicable</i> )		
Birth Mother's Attorney and Medical Costs related to childbirth		

Other anticipated and/or paid fees not listed above (if applicable):

## Attach to this application form:

□ Copies of paid expenses (as referenced in the financial information section)

I agree that the information provided in this entire application is complete and accurate to the best of my knowledge.

Signature

Date

Thank you for your application.

