



Please submit completed application
& any other correspondence to:
Email: info@brightfutures4all.org

For any questions please Email us.

The C.H.A.M.P. Foundation is a non-profit 501(c)(3) organization that is dedicated to providing financial assistance and support to families who are not able to cover the cost of childcare & required therapy services, in hopes of giving their child a Brighter Future.

Applicant/Parent Eligibility Requirements

- Must be a New Jersey Resident.
- Must be working full time (30-hours weekly or more), attending school full-time(12 credits or more), or in job training (20 hours weekly or more)
- If applying for a Child Care Grant, you must be ineligible for your county's New Jersey State Child Care Subsidy Program.

Documents to be Submitted

- Completed Application
- Completed Conflict of Interest Policy (sign and return the last page only)
- Copy of your valid Driver's License/Photo ID
- Provide your most current IRS Income Tax Returns.
- Copies of any invoices submitted for payment for therapy services, evaluations, childcare tuition etc.
 - Proof of Income-
 - A month's worth of current pay stubs. Each pay stub must show a minimum of 30 weekly hours or 60 hours bi-weekly. If your paystubs do not show hours, you must also attach a letter from your employer on company letterhead indicating the number of hours you work per week, and your hourly rate, signed by your employer with contact information.
 - If you are self-employed: Transcript, Schedule C or C-EZ Form 1040 / Profit & Loss form. Transcripts can be requested online at <https://www.irs.gov/individuals/get-transcript>
 - If you are attending school: Current school schedule(s). Schedule must indicate: your name, start & end date of classes/current term & total credits. If the schedule does not indicate this information, provide a letter from school on school letterhead. Advisor's contact information must be provided (Please inform the advisor(s) that Bright Futures For ALL Staff will be contacting them to verify their letter).
 - If you are attending training or highschool: A letter from your school on letterhead verifying your start & end date and total of hours you attend per week. School advisor's contact information must be provided (Please inform the advisor(s) that Bright Futures For ALL Staff will be contacting them to verify their letter).
- Copy of current lease agreement or mortgage statement.
- Other Income & Documents:
 - Verification of other income such as 2nd employment, SSI, unemployment, disability, etc.
 - Proof of TANF and Housing Assistance (If you receive this)
 - Copy of children's birth certificate and social security cards
 - Copy of your Families First / EBT Card if you are currently receiving Food Stamps or WFNJ/TANF
 - Denial letter from New Jersey Child Care Subsidy Program (if applicable)

If there is a Co-Applicant, they must also provide the same information indicated above

Other documentation may be requested upon interview. All award determinations are based on the financial information you provide on your application.

Please feel free to call or email us with any questions or concerns. We will be happy to assist you.

Conflict of Interest Policy for C.H.A.M.P. FOUNDATION

The purpose of the following policy and procedures is to prevent the personal interest of (i) Directors, (ii) members of all committees of the Board of Directors or of the Corporation, including advisory committees, whether or not such committee members are Directors of the Corporation, (iii) Officers, (iv) members of the Advisory Board, and (v) employees of the Corporation (“Key Persons”) from interfering with the performance of their duties to the **C.H.A.M.P. Foundation** (“Corporation”), or result in personal financial, professional, or political gain on the part of such Key Persons at the expense of the Corporation or its Directors, supporters, and other stakeholders. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

I. DEFINITIONS:

Conflict of Interest (“Conflict”) means a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a Key Person.

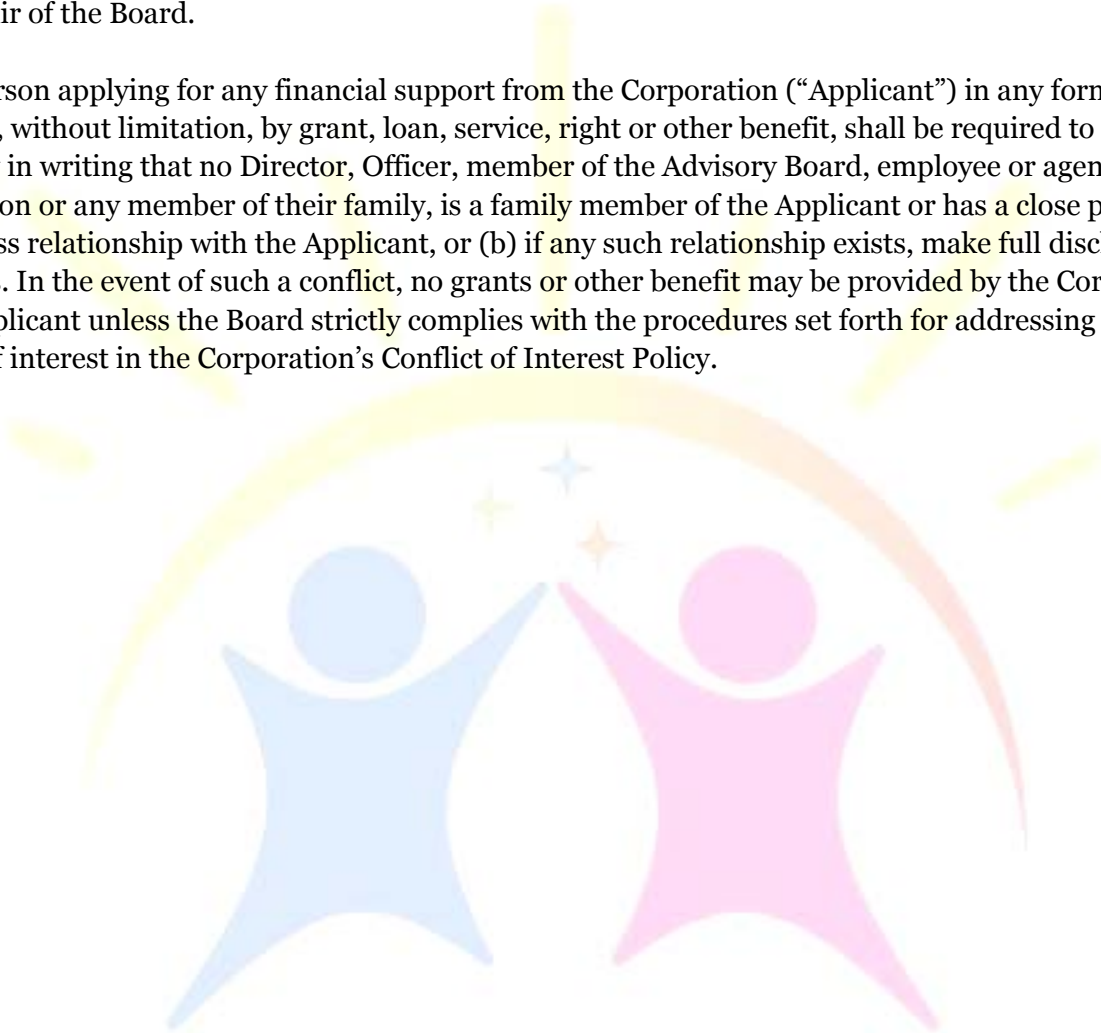
II. POLICY AND PRACTICES:

1. Full disclosure, by notice in writing, shall be made by each Key Person to the Corporation’s audit committee or, if there is no audit committee, to the Corporation’s full Board of Directors in the event of any conflict of interest including, but not limited to, the following:
 - a. A Key Person is related to another Key Person by blood, marriage or domestic partnership.
 - b. A Key Person or their organization or a family member of a Key Person stands to benefit from a Corporation transaction.
 - c. A Key Person’s organization or family member receives grant funding from the Corporation.
 - d. A Key Person is a member of the governing body of a contributor to the Corporation.
2. Following full disclosure of a possible Conflict, including, but not limited to, any condition listed above, the audit committee or the Directors, as the case may be, shall determine whether a conflict of interest exists and, if so, shall vote to authorize or reject the transaction or take any other action deemed necessary to address the Conflict and protect the Corporation’s best interests. Both votes shall be by a majority vote without counting the vote of any interested party, even if the disinterested voters are less than a quorum provided that at least one consenting voter is disinterested.
3. The existence and resolution of the conflict must be documented in the Corporation’s written records, including in the minutes of any meeting at which the conflict was discussed or voted upon.
4. In addition to the requirements of Article 2 hereof, in the event that a transaction described in Article 1.b. is presented to the audit committee or the Directors, as the case may be, the audit committee or the directors shall take the following action:
 - a. Prior to entering into the transaction, consider alternative transactions to the extent available.
 - b. In documenting the existence and resolution of the conflict, include the basis for the approval/rejection by the audit committee or the Directors, including its consideration of any alternative transactions.
5. An interested Key Person shall not be present at or participate in any discussion or debate or deliberation or vote of the audit committee or Directors, or of any committee or subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest. Additionally, an interested Key Person shall not attempt to

influence improperly the deliberation or vote of which the subject is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest.

6. Prior to the initial election of any Director or officer, or the hiring of any employee, and annually thereafter, such Key Person shall complete, sign and submit to the Secretary of the Corporation a written statement identifying, to the best of the Key Person's knowledge, any entity of which such Key Person is an officer, Director, Trustee, Member, owner (either as a sole proprietor or a partner), or employee and with which the Corporation has a relationship, and any transaction in which the Corporation is a participant and in which the Key Person might have a conflicting interest. Each Key Person shall annually resubmit such written statements. The Secretary of the Corporation shall provide a copy of all completed statements to the chair of the audit committee or, if there is no audit committee, to the chair of the Board.

7. Any person applying for any financial support from the Corporation ("Applicant") in any form, including, without limitation, by grant, loan, service, right or other benefit, shall be required to either (a) certify in writing that no Director, Officer, member of the Advisory Board, employee or agent of the Corporation or any member of their family, is a family member of the Applicant or has a close personal or business relationship with the Applicant, or (b) if any such relationship exists, make full disclosure of such facts. In the event of such a conflict, no grants or other benefit may be provided by the Corporation to the Applicant unless the Board strictly complies with the procedures set forth for addressing a conflict of interest in the Corporation's Conflict of Interest Policy.



C.H.A.M.P. FOUNDATION
Applicant Conflict of Interest Disclosure Form

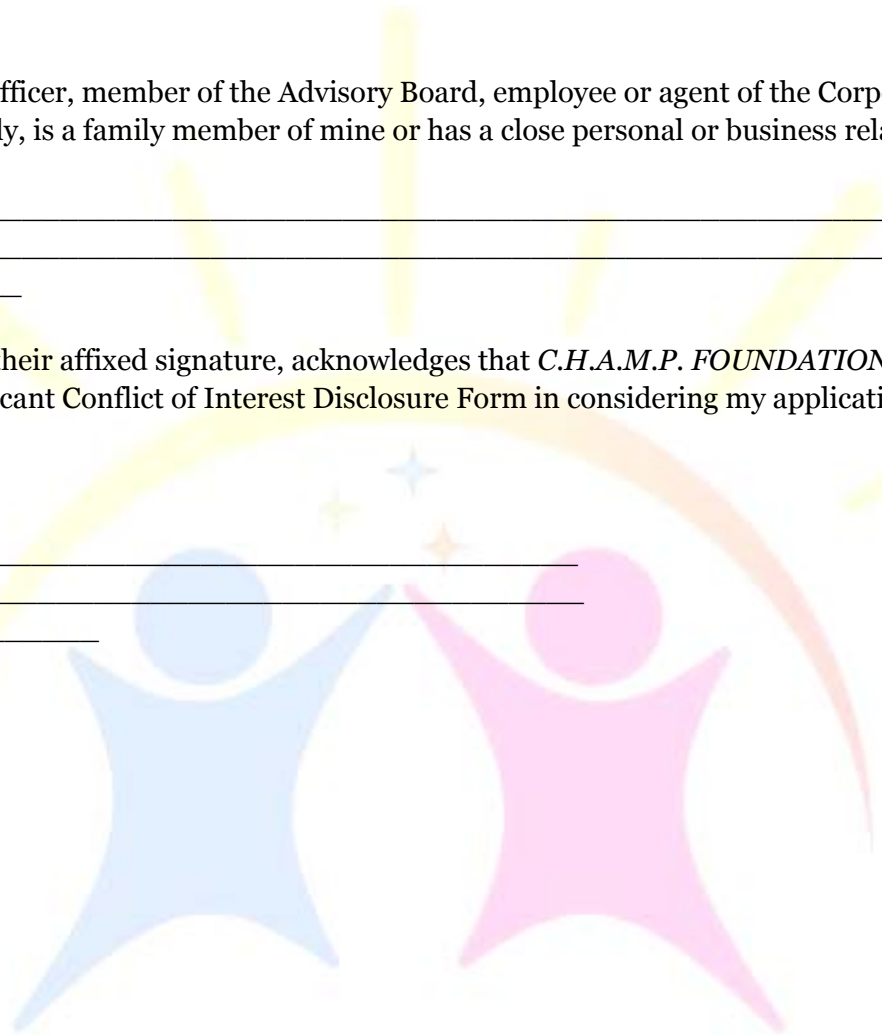
This form must be filed by any party applying for financial support of any kind from *C.H.A.M.P. FOUNDATION* (“Corporation”), as per the Corporation’s Conflict of Interest Policy.

_____ No Director, Officer, member of the Advisory Board, employee or agent of the Corporation or any member of their family, is a family member of mine or has a close personal or business relationship with me.

_____ A Director, Officer, member of the Advisory Board, employee or agent of the Corporation or a member of their family, is a family member of mine or has a close personal or business relationship with me, as follows:

The undersigned, by their affixed signature, acknowledges that *C.H.A.M.P. FOUNDATION*. is relying on the truth of this Applicant Conflict of Interest Disclosure Form in considering my application for financial support.

Signature: _____
Print Name: _____
Date: _____





GRANT APPLICATION

The *Bright Futures For All* Grant Application process is confidential

THIS FORM MUST BE NEATLY PRINTED

Requesting a Grant for:

Child Care Tuition Assistance (License Child Care Centers **ONLY**)

Special Therapy Services (Speech Therapy, Occupational Therapy, Developmental Intervention etc.)

Evaluation for Special Therapy Services

Child's Information

Name: _____ Date of Birth: _____ Gender: ___ Male ___ Female
First Middle Last

Ethnic Origin: ___ Asian/Pacific Islander ___ Black/African American/Caribbean ___ Hispanic/Latino ___ Middle East/Near East
 ___ Native American ___ White/European

Parent or Legal Guardian Information (Parent A) Relationship to Child: ___ Mother ___ Father ___ Other Marital Status: _____

Name: _____ Social Security Number: _____
First Middle Last

Address: _____ Home Phone: _____ Cell Phone: _____
(if different) Street

City _____ State _____ Zip _____ Work Phone: _____ E-Mail: _____

Employer: _____ Address: _____ Phone: _____
Street

City _____ State _____ Zip _____

Parent or Legal Guardian Information (Parent B) Relationship to Child: ___ Mother ___ Father ___ Other Marital Status: _____

Name: _____ Social Security Number: _____
First Middle Last

Address: _____ Home Phone: _____ Cell Phone: _____
(if different) Street

City _____ State _____ Zip _____ Work Phone: _____ E-Mail: _____

Employer: _____ Address: _____ Phone: _____
Street

City _____ State _____ Zip _____

PLEASE LIST OTHER CHILDREN IN THE FAMILY:

Name: _____	Date of Birth: _____	Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____	Name: _____	Date of Birth: _____

PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION

Section A: Residence	Section B: Assets	Section C: Liabilities
Do you own a home?: ___ Yes ___ No	Bank Account Balances \$ _____	Credit Card Balances \$ _____
If yes, Enter the value of your home: \$ _____	Investment Balances \$ _____	Personal Loans \$ _____
Deduct the outstanding mortgage balance: \$ _____	Other: _____ \$ _____	Other: _____ \$ _____
	Other: _____ \$ _____	Other: _____ \$ _____
Total Section A \$ _____	Total Section B \$ _____	Total Section C \$ _____

Calculate your NET WORTH	
Enter the amount you listed in Section (A) above	\$ _____
Enter the amount you listed in Section (B) above	\$ _____

Add your amounts from Section (A) and Section (B)	\$ _____
Now, Deduct the amount you listed in Section (C) above	\$ _____
THIS IS YOUR NET WORTH	\$ _____

Section D: Combined Household Monthly Income	Section E: Household Monthly Expenses <small>Enter the amount you pay each month, excluding child's child care tuition and therapy services</small>		Section F: Monthly Expenses ONLY Related to your child's childcare tuition and therapy services
Net Salary/ Wages: \$ _____	Mortgage/Rent: \$ _____	Parking: \$ _____	Therapy Services: \$ _____
Public Aid: \$ _____	Gas/Heating: \$ _____	E-Z Pass: \$ _____	Child Care Tuition: \$ _____
Pension: \$ _____	Electric: \$ _____	Medical Insurance: \$ _____	Co-Pays: \$ _____
Disability: \$ _____	Water: \$ _____	Medical Bills: \$ _____	Other: \$ _____
Grants: \$ _____	Telephone: \$ _____	Co-Pays: \$ _____	_____
Food Stamps: \$ _____	Cable TV: \$ _____	Prescriptions: \$ _____	One-Time Evaluations: \$ _____ (for special services)
Other Assistance: _____ \$ _____	Cell Phone: \$ _____	Groceries: \$ _____	
Other Income: _____ \$ _____	Car Payments: \$ _____	Credit Cards: \$ _____	
	Car Insurance: \$ _____	Personal Loans: \$ _____	
	Gas (car): \$ _____	Other: \$ _____	
		Other: \$ _____	
Total Section D \$ _____	Total Section E \$ _____	Total Section F \$ _____	

How did you hear about C.H.A.M.P. Foundation?

Internet Search
 Advertisement: _____
(Please Specify)
 Recommended by: _____
(Please List Name & phone #)

Have you received financial assistance from any other organization? (please list all)

Organization Name	Amount(s)	Date(s) Assistance Received

References

Each applicant must provide at least 3 references in order to apply for this grant. Please list below and notify your references that we will be reaching out. Professional references preferred. More references may be requested upon interview.

Name	Phone Number	Relationship to Applicant

FOR INTERNAL OFFICE USE ONLY: REFERENCE VERIFICATION

Reference (1) Verified on : _____
 Reference (2) Verified on : _____
 Reference (3) Verified on : _____
 Verified by: _____
 Signature: _____

Media Permission

By submitting this application to *C.H.A.M.P. Foundation*, I understand and agree that my, my co-applicant's and/or child's name, image and/or likeness may be provided and/or disclosed to third parties, such as newspapers and other media organizations, for their publication and broadcast. I expressly authorize *C.H.A.M.P. Foundation*. to provide and/or disclose my, my co-applicant's and/or child's name, image and/or likeness to third parties, including media organizations, for their use and dissemination to the general public and agree to indemnify and hold *C.H.A.M.P. Foundation*. harmless from any claims and damages arising there from.

Signature of Parent "A"

Date

PLEASE READ.

Please initial each paragraph and sign this page below. This form must also be signed by a witness.

____ By signing below, I certify and represent that the information that I have provided for this Grant Application is true, accurate, complete, and not misleading.

____ I/We authorize *C.H.A.M.P. Foundation* and its Agents to independently investigate and authenticate the truth and accuracy of any and all information provided.

____ Investigation and verification shall include but not be limited to, all information provided on the Grant Application, supporting letters, bank statements, invoices, primary resources, and field investigation with report thereof.

____ Additionally, I/We understand, agree, and consent to *C.H.A.M.P. Foundation* reviewing and discussing my Grant Application with supporting documentation to third parties for the purpose of evaluation, investigation, and confirmation of the contents therein.

____ Additionally, I/We understand, agree, and consent to *C.H.A.M.P. Foundation*, at their sole and absolute discretion, reporting or disclosing the contents of an investigation to a third party for the well-being of any individual involved.

____ I/We hereby hold *C.H.A.M.P. Foundation* harmless from any and all claims relating to *C.H.A.M.P. Foundation*'s investigation of any aspect of the Grant Application and the Grant Application process.

____ I/We further understand, acknowledge, and agree that *C.H.A.M.P. Foundation*'s issuance of a grant is within its sole and absolute discretion. *C.H.A.M.P. Foundation* reserves the right to deny any Grant Application for any reason in its sole and absolute discretion. Each Grant Application shall be evaluated on the information provided. Previous grants do not guarantee or ensure the approval of a future grant. An individual(s) can only apply for one grant at a time and apply for only one grant during any consecutive twelve (12) month period.

____ The *C.H.A.M.P. Foundation* Grant Application process is confidential.

____ Any funds received from the *C.H.A.M.P. Foundation* will be used for the specific reason stated and represented on the Grant Application. If personal items or medical items/supplies are purchased with funds received from the *C.H.A.M.P. Foundation*, I/We agree to hold *C.H.A.M.P. Foundation* harmless from the negative effects thereof.

____ Finally, I/We consent to *C.H.A.M.P. Foundation* performing a criminal background check and performing a credit check, which shall include the ability to obtain a credit report.

____ I/We agree to provide *C.H.A.M.P. Foundation* with additional documentation which supports the information set forth in my application and understands that knowingly, willingly, and voluntarily. Providing *C.H.A.M.P. Foundation* with inaccurate information will result in *C.H.A.M.P. Foundation*'s commencement of legal actions against me to recover any grant which I receive along with its costs of collection and reasonable attorney fees.

____ I/We have read and understand all of the aforementioned statements and representations.

____ I/We have had an opportunity to review all of the statements and representations with legal counsel.

____ I/We knowingly, willing, and voluntarily agree to all of the aforementioned statements and proceed with the Grant Application and *C.H.A.M.P. Foundation* Application Process.

_____ Signature of Parent "A"		Witnessed by: _____ Signature		_____ Address	
_____ Date		_____ Print Name		_____ City	
		_____ Date		_____ State	
				_____ Zip	

For Internal Office Use Only:
 This application was review by the following board Members: _____
 Signature of Member 1 Signature of Member 2 Signature of Member 3

