

Jordan Ranch Residential Association, Inc.
Children's Catastrophic Fund
Grant Review Checklist

For Internal Use Only

DATE APPLICATION RECEIVED: _____

FOUNDATION COMMITTEE RECOMMENDATION TO BOARD: (circle one) approve, deny, request additional information

FOUNDATION COMMITTEE DATE REVIEWED: _____

DATE DOCTOR'S SIGNED STATEMENT REGARDING CHILD'S DIAGNOSIS RECEIVED: _____

HAS FAMILY APPLIED FOR A CHILDREN'S CATASTROPHIC FUND GRANT PREVIOUSLY? (circle one) yes no

DOES THE FAMILY OWN AND RESIDE IN THEIR JORDAN RANCH PROPERTY? (circle one) yes no
Date of Confirmation: _____

IS CHILD UNDER THE AGE OF 18? (circle one) yes no

BRIEF DESCRIPTION OF GRANT REQUEST:

AMOUNT REQUESTED: \$ _____

1. If the application is a renewal, has it been one calendar year or longer since the last application?
(Please note the date of the previous application)

2. Does the Children's Catastrophic Fund have available funds in the budget to allocate to this grant?

Application Status: Approved for \$ _____ Declined: _____

Reason for Decision: _____

