The SPEAR Fund Adoption Grant Application

Dedicated to Adoptive Families and Children who Need Families, worldwide.

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Requirements for Application

Grants are open to U.S. and Canadian families (single or married) with a financial need who are in the process of adopting a child or children (adoption agencies permitting). The SPEAR Fund does not provide grants for domestic adoptions.

- Must provide a completed grant application (see following pages) and at least two snapshots. Please include one of the family and another of just the parents.
- Must provide complete Home Study with all certificates and signatures included all in PDF format. If your state/agency does not permit the releasing of Home Studies, please provide a report of the completed Home Study signed by your social worker in PDF format.
- Must provide three letters of recommendation from <u>non-family members</u>. Only one letter may be from an ecclesiastical leader or employer.
- Must have an income of at least 25% above federal poverty guidelines. Guidelines can be found at http://aspe.hhs.gov/POVERTY/.
- Must provide most recent federal tax return summary.
- Must have a good debt to income ratio and cannot have filed bankruptcy in the past 10 years. If bankruptcy is in the family's financial history, please include a brief statement.
- Adoptive parents and others, including minors, living in the home must not have been convicted of or plead guilty or nolo contendere (no contest) to a felony or misdemeanor.

Procedure for Submitting Grant Application

All applications for grants should be submitted directly to The SPEAR FUND "(TSF)"via email to .

To submit a complete application, please see below for all required documents (also explained on page 3):

- The SPEAR Fund Grant application
- Completed home study report for current adoption (no exceptions)
- Verification certificate of the completed home study (signed from agency)
- Most recent federal tax return
- Three letters of recommendation
- Pictures of the parent(s)/family
- If appropriate and available, pictures and medical information of the child being adopted
- PLEASE have all required documents submitted as separate files and labeled accordingly
- We require a confirmation email from your adoption agency stating that your income and expenses, as claimed on this application, are reasonably accurate.

Please Note the Following

- Letters of recommendation submitted to your adoption agency are also sufficient for TSF
- Grants will not be processed without completed forms and all supporting documentation as listed above. Complete packets can be emailed to michael@thespearfund.org.
- Grant applications are reviewed as they are received; it may take up to three months to process
 an application. Notification of a grant award or rejection will be sent via email. Please note some
 exceptions may apply, which might result in shorter or longer wait times. For any questions or
 inquiries please email to michael@thespearfund.org.
- Families that meet all the criteria are carefully considered on an individual basis. TSF will work
 with each adoption agency to verify documentation and confirm the grant amount before
 sending any funds.
- All grant money will be paid directly to the adoption agency and applied to the applicant's fee schedule, including, in some cases, travel and in-country living expenses where applicable.

By signing below, we hereby confirm that the documents and information that we submit in connection with our Adoption Grant request will be true, correct, and complete and that neither adoptive parent or others, including minors, living in our home have been convicted of or plead guilty or nolo contendere (no contest) to a felony or misdemeanor.

*By typing your signature(s) below you are representing that the information contained in the related adoption application is true and correct.

Applicant 1	Date
Applicant 2	

Grant Application Form

Complete the following application electronically. Do not leave anything blank. Indicate with "N/A" if a particular question does not apply. This information is not shared outside of WNF and is strictly for internal use only.

- o I am applying as a single applicant (Fill in General and Applicant 1 Sections)
- We are applying as a couple applicant (Fill in General and Applicant 1 and Applicant 2 Sections)

Applicant 1

Applicant 1	
Demographics	
First Name:	
Last Name:	
Age:	
Marital Status:	
(Divorced, Married Single, Widowed, Separated, Other)	
Are you currently employed?	
Occupation:	
Employers Name:	
Work Address:	
Work Phone:	
Length of Employment:	

Applicant 2

Demographics	
First Name:	
Last Name:	
Age:	
Marital Status:	
(Divorced, Married Single, Widowed, Separated, Other)	
Are you currently employed?	
Occupation:	
Employer's Name:	
Work Address:	
Work Phone:	
Length of Employment:	

General Information

Home Address:	
Main Phone Number:	
Additional Phone Number:	
Applicant 1 Email Address:	
Applicant 2 Email Address:	
Fax Number:	
Ages of Children currently in your family:	
(If multiple, please separate by a comma)	
Home Study Agency Name:	
Home Study Agency's Address:	
Home Study Agency's Phone Number:	
USCIS Paperwork has been filed?	
If yes, anticipated completion date:	
Number of Children Adopting?	

Have you been matched with a child/children? :	
Please list all gender and ages of child/children adopting (for example, Female 13, Male 12, etc.)	
Country Adopting From:	
Expected Date of Travel:	
Please provide a brief Summary as to why you/your family are adopting:	

Financial Statement

GROSS MONTHLY INCOME MO	ONTHLY EXPENSES ASSET	TS
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INCOME # 1	\$	RENT OR MORTGAGE PAYMENT	\$	SAVINGS	\$
INCOME # 2		AUTOMOBILE PAYMENT		LIFE INSURANCES CASH VALUE	
ALIMONY		FOOD		HOME EQUITY (VALUE-MORTGAGE AMOUNT)	
CHILD SUPPORT		UTILITIES		INVESTMENTS	
OTHER INCOME (EXPLAIN)		AUTO INSURANCE		REAL ESTATE	
OTHER INCOME (EXPLAIN)		HEALTH INSURANCE		OTHER INVESTMENTS (EXPLAIN)	
OTHER INCOME (EXPLAIN)		LIFE INSURANCE		OTHER ASSETS (EXPLAIN)	
OTHER INCOME (EXPLAIN)		DONATIONS & CONTRIBUTIONS		OTHER ASSETS (EXPLAIN)	
		INVESTMENTS			
		ALIMONY			
		CHILD SUPPORT			
		CONSUMER DEBT PAYMENT			
		OTHER (EXPLAIN)			
TOTAL INCOME	\$	TOTAL MONTHLY EXPENSES	\$	TOTAL ASSETS	\$

Outstanding Loans and Credit Card Balances

Name of Financial Institution	Current Balance	Monthly Payment

 $Attach\ additional\ pages\ and\ explanation,\ if\ needed.$

Adoption Expenses

This section must be completed in full.

Type of Expenses	Amount	Amount Paid	Source of Funds for Expenses Paid and Balance D you paid or intend to pay, what is still due, i.e. s other loan, fundraise, family, friends, etc.		
			Paid	Due	
Agency Fees					
Home Study					
USCIS Fees					
Notarization/Authentication					
Foreign Program Fee					
Travel 1 st Trip					
Travel 2 nd Trip, if applicable					
Visas					
Child's Medical Exam					
Other					
Other					
Other					
Total	\$	\$			

Adoption Agency Information

Name of Adoption Agency (Primary agency that handles your fees):	
Adoption Agency Address:	
Adoption Agency Email Address:	
Adoption Agency Phone Number:	

Adoption Agent Information	Adop	tion	Agent	Inform	natior
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Name of Adoption Agent	
Adoption Agent Address:	
Adoption Agent Email Address:	
Adoption Agent Phone Number:	

Other Grants

Grants you've applied for from other granting organizations. Please indicate the amount of the grant applied for and if the grant has been received or a decision is pending.

Amount		Status
1.		
2.		
3.		
4.		

TSF Consent Form

TSF Consent Form

l, l,		(adoptive mother) and (adoptive father) agree to:
agency and/or ador completing our ado	otion representatives includ	n Grant Representative(s) permission to contact my adoption ing Social Worker(s) or legal representatives who are assisting us in ng that any information obtained via telephone and/or written fications.
Yes	No	
media, etc,. We give give our consent to crew(s) or other me pictures, audio, vide want to contribute edited, duplicated,	e our consent to share our be interviewed by The SPE dia personnel and/or outle eo, print or text for the ben to the TSF Grant. We unde	share our adoption story or journey, via audio, video, print, social adoption story or allow our adoption story to be written/edited. We are Fund Adoption Grant Representative(s), videographers, film as. We give our consent to TSF to use provided content including affit of other families who are considering adoption and donors who stand this audio, video, film and /or print images and text may be be badcast, and /or re-formatted in any form and manner without en on this form.
Yes	No	
audio, video, print, purpose of helping this audio, video, fil	social media posts, photog families to adopt children a m and /or print images ma	on Grant Representative(s) permission to use our story and/or aphs, etc., on their website, and/or printed material with the and donors who want to contribute to the TSF Grant. I understand be edited, duplicated, distributed, reproduced, broadcast, and /or payment of fees or permission beyond that given on this form.
Yes	No	
I/We, understand the Please sign below:	nat the answers given to th	questions above will have no effect on our grant determination.
Applicant 1		 Date
Applicant 2		Date

By typing your signature(s) above you are representing that the information contained in the related adoption application is true and correct.

Story Consent and Release Form

Story Consent and Release Form

- I hereby grant The SPEAR Fund ("TSF") and its agents and employees the irrevocable and unrestricted right to use my given story for the purposes of promotion, publication, illustration, advertising, or trade, in any manner or in any medium.
- I hereby hold harmless and release and forever discharge The SPEAR Fund from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.
- I understand and agree that the information I give may be placed on the Internet or on TSF's social media platforms.
- I waive my right to any compensation arising or related to the story or any statements made during an interview, voice recording, and/or likenesses of me.
- I am at least 18 years of age and am competent to contract. I have read this release before signing

below and I fully understand the contents, meaning, and impact of this release.

Print Name	Signature Date				
By typing your signature above you are represen	nting that the information contained in the relate	ed adoption application is true and correct.			
If the person signing is under the age of 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of and do hereby give consent without reservation to the foregoing on behalf of this person.					
Print Name	Signature	Date			

 $By typing your signature \ above \ you \ are \ representing \ that \ the \ information \ contained \ in \ the \ related \ adoption \ application \ is \ true \ and \ correct.$