



Date:

Thank you for inquiring about grants available to adopting families through Founding Family Charitable Foundation (FFCF). FFCF is a 501 (c) (3) non-profit corporation, and gifts to it are tax deductible.

To be considered for a grant, families must have been approved for adoption by a licensed agency, be committed to providing religious instruction for their children, and have financial need to pay for the adoption. We have enclosed application forms, and pray that your family is able to complete the adoption journey and bring home your precious waiting child. **We request a \$25 nonrefundable application fee.**

Our grants are generally \$500 to \$1,000, but can be more depending on funds available. We depend upon funds contributed by interested individuals and corporations to fund our grant program. The grant money, if awarded, is paid to the agency for the benefit of the adopting family after the documents have been accepted for processing in the country of adoption. Should the adoption not be completed for any reason, the agency should return the funds to FFCF.

We keep your information confidential, but reserve the right to check references and speak with your adoption agency representative if we need more information. We will never sell or pass on your information to third parties.

Nina R. Ottinger  
Grant Administrator



Family information

Family name: \_\_\_\_\_ Date of application: \_\_\_\_\_
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_
Father's Birth Year: \_\_\_\_\_ Mother's Birth Year \_\_\_\_\_
Father's Employment/Start Date \_\_\_\_\_
Mother's Employment/Start Date \_\_\_\_\_
Number of Children (biological) \_\_\_\_\_ (Adopted) \_\_\_\_\_
Birth Year of Children: \_\_\_\_\_
Street Address: City State, Zip Code \_\_\_\_\_
Email Address/Addresses: \_\_\_\_\_
Approximate Date of Travel: \_\_\_\_\_

Child Information

Name (Birth Language and English) \_\_\_\_\_ Age: \_\_\_\_\_
Description of Special Needs: \_\_\_\_\_
What kind of continuing medical attention will your child need AND how much of these treatments will be covered by insurance? (Use an additional page if necessary.)
\_\_\_\_\_
\_\_\_\_\_

Adoption Agency Information

Name of Your Adoption Agency: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Name of Agency Contact and Phone #: \_\_\_\_\_ # \_\_\_\_\_
Email Address: \_\_\_\_\_



Financial Information (please use additional page if needed)

**Income**

Combined yearly Salary (Actual W-2 2004): \_\_\_\_\_  
 Combined yearly Salary (Est W-2 2005): \_\_\_\_\_  
 Government Assistance: \_\_\_\_\_  
 Gross Paycheck/Frequency: \_\_\_\_\_

**Automobiles**

Make/Year of Cars: \_\_\_\_\_  
 Value of Cars: \_\_\_\_\_  
 Amount still owed on cars: \_\_\_\_\_  
 Yearly Car Insurance: \_\_\_\_\_

**Assets**

Savings/Checking: \_\_\_\_\_  
 Stocks/Bonds: \_\_\_\_\_  
 Total 401-K/Retirement: \_\_\_\_\_  
 Life Insurance Cash Value: \_\_\_\_\_  
 Other Investments: \_\_\_\_\_  
 Personal Property: \_\_\_\_\_  
 Total Assets: \_\_\_\_\_

**Real Estate**

Year of Home Purchase: \_\_\_\_\_  
 Purchase Price/Current market Price: \_\_\_\_\_ / \_\_\_\_\_  
 Current Market Value: \_\_\_\_\_  
 Property Tax: \_\_\_\_\_  
 Yearly Homeowner's Insurance: \_\_\_\_\_  
 Other Real Estate: \_\_\_\_\_  
 Total Yearly Utilities (Electricity, Gas, Water, etc) \_\_\_\_\_

**Liabilities: (total monthly outgo)**

Credit Cards: \_\_\_\_\_  
 Total Mortgages(1<sup>st</sup> & 2<sup>nd</sup>): \_\_\_\_\_  
 Second Mortgage \_\_\_\_\_  
 Student Loans: \_\_\_\_\_  
 Monthly Daycare: \_\_\_\_\_

**Miscellaneous Outgo (monthly)**

Alimony: \_\_\_\_\_  
 Charity: \_\_\_\_\_  
 Medical Debt: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Adoption Expenses Paid to date (please itemize):**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL.....</b>	<b>\$ _____*</b>
<b><u>Still to be paid</u></b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL.....</b>	<b>\$ _____</b>

<b>Current Family Contribution</b>	<b>\$ _____*</b>
<b>Other committed funds:</b>	<b>\$ _____</b>
<b>(Sources)</b>	_____
<b>Grant needed/requested:</b>	_____



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Financial Aid Application, page 3

In your cover letter to us, please answer the following questions/provide the following information:

1. How did you hear about Founding Family Charitable Foundation?
2. Where are you in your spiritual journey, and how do you/will you spiritually mentor your children?
3. What other grants or gifts have you received, or have reason to believe that you will be receiving, and how much do they total?
4. What is your plan to cover the financial shortfall, should you not receive your requested grant from FFCF?
5. Tell us anything about you and your family that is not in your home study that you would like us to know. FFCF wants to know you and your mission for your family.

In addition, please use this [checklist](#) to send us the forms and information listed below.

- \_\_\_\_\_ Application/Family Information, Pages 1-2
- \_\_\_\_\_ Complete Home Study, including reference letters
- \_\_\_\_\_ Reference information (name, address, phone, email) for minister/pastor/rabbi, if it is not in the home study.
- \_\_\_\_\_ Accepted Referral (if available)
- \_\_\_\_\_ Income Tax Statements (last two years)
- \_\_\_\_\_ Photograph of you and your family (can be a digital photo).
- \_\_\_\_\_ Application fee, \$25.

*Please return this application and any other requested documentation along with the non-refundable application fee of \$25, to:*

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Nashville, TN 37205-1018  
Email: [Nina@FoundingFamily.org](mailto:Nina@FoundingFamily.org)

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