

Ref. # \_\_\_\_\_  
Received: \_\_\_\_\_

**Boulder/Broomfield County Foster/Adoptive Family Association**  
Application for Family & Children's Enrichment Fund

These funds are designed to help ease the financial burden of foster and adoptive families who work to enrich the experiences of the children in their care. If you have questions about these funds, consult your membership materials, go to [www.bbffa.org](http://www.bbffa.org), or contact Mila Sbrocca at [mila.sbrocca@bvsd.org](mailto:mila.sbrocca@bvsd.org) or 303-828-9331. This application must be received within 45 days of the expenditure. Make sure receipts are attached. Please allow up to one month for reimbursement.

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Parent Names: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Child's name: \_\_\_\_\_ Age: \_\_\_\_ Circle one: foster adopted (date final \_\_\_\_\_)  
Child's name: \_\_\_\_\_ Age: \_\_\_\_ Circle one: foster adopted (date final \_\_\_\_\_)  
Child's name: \_\_\_\_\_ Age: \_\_\_\_ Circle one: foster adopted (date final \_\_\_\_\_)

**\*\*Please itemize the expenses. BE SURE TO ATTACH ALL RECEIPTS!!!\*\***

<u>Item (Specify what money was spent on)</u>	<u>Amount</u>	<u>Child's name or household</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand the current reimbursement guidelines and that all reimbursements are subject to approval by the Board. I understand that no reimbursements are guaranteed and that the amount of reimbursement will be determined according to the current budget of the BBFFA. I pledge that all expenses turned in for reimbursement were used for the children and purposes indicated.

Foster/Adoptive Parent Signature: \_\_\_\_\_

**Submit completed application to:  
Mila Sbrocca, 15 E. 13<sup>th</sup> Place, Broomfield, CO 80020**

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BBFFA use only

Not Approved Approved Date \_\_\_\_\_ by \_\_\_\_\_

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Paid to: \_\_\_\_\_

Categories: \_\_\_\_\_

Applicant—pink copy Treasurer—yellow copy Chairperson—white copy

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