

**Family Support Grant
Budget of Subsidized Expenses**

This form should be submitted: 1) upon notification of availability of an ongoing grant, 2) when changes in either the amount of the award or in the allocation of funds in the various expense categories are necessary due to changes in the family need, and 3) with the renewal application prior to the start of each fiscal year.

Please check the type of budget being submitted: Initial Revised Annual Renewal

Recipient's Name:

Period for which FSP Grant is requested: _____ / _____ / _____ to _____ / _____ / _____

Informal or Formal Support: (Please itemize with detail) Unlicensed persons or licensed support, support for family/primary care givers	Estimated cost for each:
	Amount Total This Year:
	\$
Generic Services: (Please itemize with detail) Services available to the general public (I.e. Tutoring, Adaptive swimming lessons, etc.)	Estimated cost for each:
	Amount Total This Year:

	\$
Goods: (Please itemize with detail)	Estimated cost for each:
Items purchased (Specialized diet, clothing, sensory items, etc.)	
	Amount this year:
	\$

Full year grant award Requested:

Please call the grant coordinator or case manager if you have questions in regards to the following:

This Budget of Subsidized Expenses is agreed upon by all parties:

- Usage of the grant funds should be determined reasonable and necessary due to the child’s disability.
- The funds should only be used for the child that is under the application.
- Quarterly receipts are required to be turned in for items purchased (April 1st, July 1st, October 1st, and January 1st). **If receipts are not turned in by due date grants funds can be suspended for the next quarter.**
- If changes to the budget occur then a budget sheet should be used and turned into the case manager or comsvsFamilySupportGrant@co.washington.mn.us

When receiving a direct case grant, records of time worked and reimbursed expenses, as well as receipts/bills for other expenditures must be retained by grant receipts guardian and turned into Washington County as required. The family has been given a copy of “Definitions of Reimbursable Expenses” and agrees to use the monthly subsidy within the Definitions in accordance with this plan. **The grant funds cannot be used for other items/service not listed on the approved budget form.**

Parent Signature:	Date:
Case Manager Signature:	Date:

Informed Consent Statement for Service Coordinator:

I certify that the information contained in the application and the accompanying materials are accurate to the best of my knowledge. The family has reviewed the Definition of Reimbursable Expenses and agrees to use the support grant within the eligible expense categories and turned in all of the required items.

FSG Coordinator Signature: _____

Date _____