

*Connecting adoptive families, adoption professionals, and all those interested in adoption*

*to form a strong, supportive and resourceful adoption community.*

The CT Adoption Community Network (ACN) offers funding for the provision of training and educational opportunities designed to support adoptive parenting, improve professional competency around adoption and/or to enhance adoption awareness and sensitivity.

Applications are reviewed by a funding committee that meets at the UConn Health Adoption Assistance Program. The committee will use the following criteria as part of the decision process:

-Relevance of topic to the adoption community

-Size of audience that will have access to the training

-Ability of the applicant to gain co-sponsorship of the training (cost sharing)

The ACN requires that training opportunities provided in part with ACN funding be offered to participants at a reasonable cost. Families must be offered opportunity to attend at no cost (or a nominal fee may be charged in the event that attendance must be guaranteed due to the need to order meals.)

Marketing materials for any training sponsored with ACN funding should acknowledge the CT Adoption Community Network as a sponsor.

Please note that funding awards generally are made to support speaker honorariums, site fees, and audio-visual support. In order to maximize training dollars, travel costs, food, and childcare are not reimbursable through the ACN. These costs would be the responsibility of the applicant and its other co-sponsors.

Training costs must be paid by the sponsoring agency, and then invoiced after the training has occurred. Receipts for any approved expenses must be provided with the invoice along with an attendance list that indicates each attendee’s connection to adoption (e.g. parent, professional, or educator).

Applications for funding assistance may be submitted to the ACN as indicated below.

CT Adoption Community Network

c/o UConn Health AAP

263 Farmington Avenue, MC 6020

Farmington, CT 06030-6020

or fax to: 860-679-0130

**Application for Accessing Funds Through the**

Application Received Date:

Review Date:

Amount Approved:

Approval Date:

ACN designee:

**Connecticut Adoption Community Network**

Application Date:       Agency/Organization Applying:

Mailing Address:

Contact Person and Title:

Contact Telephone:       Fax:       Email:

Co-Sponsors of Program:

Program Title:

Name of Presenter(s):

Program Date:       Time:       Location:

Summary of Program Content:

Objectives/purpose:

Target Audience: Adoptive Families  Adoption Professionals  Educators

Approximate Number of Expected Participants:

How will program be advertised/target population be reached?

Cost to families or other attendees?       Total training cost?

How much will you or co-sponsors contribute?       Amount of funding requested from ACN?

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12\_2014