

Grant Application Form - FRAI Education

family rights advocacy institute

Name of Org.		
President/CEO/Dir.		
Address		
Required attachments to this application: <input type="checkbox"/> Mission statement <input type="checkbox"/> Articles of incorporation or proof of other business status <input type="checkbox"/> State/Fed Tax ID documents <input type="checkbox"/> List of board members <input type="checkbox"/> Description of your organization, structure and membership, what you've already accomplished & your goals using FRAI educational services or materials		
Phone	Fax	
Web Site	Email	
<input type="checkbox"/> FRAI Affiliate <input type="checkbox"/> Applying to be FRAI Affiliate <input type="checkbox"/> AFRA member <input type="checkbox"/> No Affiliation		
Amount requested	Purpose	Details attach extra pages if needed
\$	Travel for Speaker(s)	
\$	Lodging & meals for Speaker(s)	
\$	Speaker fees	
\$	Printing costs Explain	
\$	Admission Scholarship Explain	
\$	Other: Specify	
\$	FRAI Publications or video productions. <small>Specify intended use of these items e.g for your org. library</small>	

Date(s) of scheduled training _____

Location of scheduled training _____

Topic(s) for presentation:

- Continuing Legal Education Parent/child Attorneys & Judges - Accredited (8-9 hrs)
- Parent/advocate training(15 hrs) Mandated reporting (3 hrs)
- Mental Health Professionals in Dependency Cases - Their Role & The Effects on Families
- Legislating to Promote and Protect the Fundamental Human Right to Family Association Without Jeopardizing Federal Funding (3 hrs) History & Funding of Child Protecting (2 hrs) Advanced Advocacy Training (8 hrs) Expert Witnesses in Dependency Cases (6 hrs)
- Keynote speaker (1 hour) Getting Press Coverage (3 hrs)

Other _____

You will be expected to contribute to the costs associated with any presentation. How do you plan to contribute? Check all that apply

Charge registration fees of \$ _____ per person - # attending _____

Charge for Seminar Handout \$ _____ ea - # attending _____

Obtain a Sponsor who will donate \$ _____

Private Donations totaling \$ _____

Seek other Grants for this purpose (We can apply for the grant on your behalf)

Source of Grant/contact information	Amount
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You, your organization and attendees will be required to sign non-compete non-disclosure agreements as a condition of attending the CLE or any of the parent/advocate training sessions.

I agree and will enforce all non-compete, non-disclosure terms I disagree

1 I understand that anyone wishing to be a FRAI certified family advocate will be required to submit a background check and an application and submit to the authority and oversight of FRAI for the practice of family advocacy. _____ initial

2 I understand that for any organization wishing to be a FRAI affiliate - their officers will be required to submit a background check and an application and conform to the policies and practices of FRAI regarding the practice of family advocacy. I/my organization will maintain its own autonomy and mission and be responsible for direct oversight of own advocates, consistent with FRAI policies and practices. I/my organization will report any infraction of advocacy practices to FRAI and will support and endorse any FRAI decision regarding family advocacy practice. _____ initial

3 I understand that as a FRAI affiliate I will be provided with ongoing support, training and materials through FRAI. I understand that I am not permitted to use any information, strategies or materials obtained through any FRAI medium under the auspices of any AFRA (American Family Rights Association) association, organization or function. AFRA is to get NO credit or endorsement for my/my organization's accomplishments arising out of any FRAI information, training or materials received by me/my organization. I am not permitted to perform any actions or activities using what I learned at any FRAI training session or from FRAI materials under any AFRA umbrella, association or authority. Such misuse of proprietary information and trade secrets would constitute a breach of non-disclosure, non-compete agreements. **This does not mean I cannot be an AFRA member**, it only means I cannot give AFRA credit for my/my organization's accomplishments and I cannot share any FRAI information, strategies, or materials with AFRA or AFRA associates, members or affiliates. _____ initial

It may take 6-12 months for grant approval. Be sure to apply early! FRAI training grants are awarded to FRAI affiliates first, FRAI affiliate applicants second and all others last. If you are able to locate an outside grant source that will sponsor your training event and we apply to them for a grant on your behalf - or you apply and they send the funds to us - the funds disbursed on your behalf will be allocated for **your** training and educational event, not for anyone else's. Funds disbursed must be used within 6 months or returned to FRAI.

I certify under the penalty of perjury that the information included on this application is true and correct, and that I will use the grant monies I receive only for the purposes stated in this application. If I do not use all funds disbursed to me/my organization for the purposes stated on this application, I will not use the excess funds for any other purpose and will return all unused funds to FRAI within 10 days of receiving the goods or services from FRAI.

Signed _____ Date _____

Print Name & Address _____

Mail completed application to: FFP-FRAI GRANTS, 14053 Eastonville Rd. Elbert, CO 80106