



KENT COUNTY LOCAL MANAGEMENT BOARD

400 High Street (second floor)

Chestertown, MD 21620

410-810-2673 | KentCounty.com/Residents

BRIGHTER DAY PROJECT APPLICATION

The BRIGHTER DAY PROJECT is a resource to provide opportunities for Kent County participants of public and private agencies and organizations, who have been serviced by the Kent County Local Care Team. Funding is available for creative needs to assist individual children and families. Any public or private agency serving children in Kent County, MD can apply for funding on behalf of their participant through the Kent County Local Care Team.

How to request funds:

- An agency or organization representative should fill out the form located below which includes the name of the child, the service provider and their name and address, the amount being requested and a brief description of how the funds will be used. This form can be accessed by going to <https://linktr.ee/KCLMB> and click on "Brighter Day Project Application."
- This application should be presented to the Kent County Local Care Team ("LCT"). It can be faxed to: 410-810-2674 or scanned and emailed to jabner@kentgov.org.
- Requests for \$150 or lower will be voted on electronically by the members of the LCT and responses will be known relatively quickly. A majority of "approve" votes is required for the application to be funded and the funds must be available. Any amount greater than \$150 is required to be presented in person before the LCT. The LCT meets the 2nd and 4th Tuesday of every month. The applicant does not have to make the presentation themselves if they are able to get a LCT member to present the application.
- Items funded should be considered "one-time expenses" or they will not be funded. The only exception to that rule is if there is a clear financial strategy to continue the service once the LCT Brighter Day Project funds have been exhausted.
- If approved by the LCT, the request would be processed, and payment disbursed to the agency requesting funds within two weeks of the Team's approval. An official invoice is required for payment processing.

PROUDLY SERVING THE COMMUNITY OF



Kent County
MARYLAND

REQUEST FOR FUNDS FORM

Date: _____

Information about the person completing the application:

Name of Person Filling Out the Application _____

Email: _____

Organization of the Person Submitting the Application _____

Phone: _____

Information about the identified child and or family:

Child's Name _____
Parent's Name _____
Address _____
City, State, Zip _____

Email _____

Phone _____

Amount of Funds Requested

\$

What is the intended goal of the service provided by the funding and how will it be determined if that goal is met?

Brief Description and breakdown of how the funds will be used: (specific budget categories e.g. Rent \$100, food \$50)

Please list 3 additional funding sources explored for funding, and an explanation of why funding was not available.

Applicant - please do not fill out anything below this line.

Office Use Only

Date Application Received: _____

Approval of the Local Care Team: _____
Yes No

Reason Denied:

Date check was requested: _____

Signature/Title

Name

Date