McKinney/Vento Mini Grant Application **Lake/McHenry Counties** Lake County ROE- 300 Center Dr, Suite 100, Vernon Hills, IL 60061

Date requested	

Instructions: Complete all items. Attach supporting documentation (receipt, purchase order, proof of

service ,etc.). Submit to Matt Tabar at be made upon receipt and/or after ser	mtabar@lake.k12.il.us or to	
School District Information		
<u> </u>		
District Name		ne
Mc/V LiaisonAddress		
Student Information		
Student Name	DOB	Grade level
Caregiver Name	Relationship	
Caregiver NameStreet Address		Phone
Mini Grant Request Services or items requested: (check all	that apply): school supplies	· clothing ·
Emergency food; tutoring; emergency		
Before/after school, summer program,		
school attendance; related to dome	stic violence; referral for	medical, dental, or other health
services; recreational; other		
Amount Requested Reque	ested BY	Position
Description and Specify Need		
District Liaison Signature		Date
To Be Completed by ROE		
Grant Request Number		
Regional Liaison Approval (signature) _		Date
Check Payable to		
Check Payable to Mc/V A	RP funds Asylum Seeke	ers fund
Account Function		
Send to: Entity		
Street Address		