



P O Box 993
Lilburn, GA 30048

Grant Pre-Application

Christian Family Aid Alliance, Inc. (CFAA) Mission: To connect orphaned children to loving parents by challenging the Body of Christ to actively engage in eliminating the financial hurdles in the adoption process. Christian Family Adoption Aid (CFAA) is a 501(c)(3) organization. All gifts are tax deductible to the full extent allowed by law

PLEASE DO NOT RETYPE THIS PRE-APPLICATION. EACH QUESTION MUST BE FILLED IN COMPLETELY. If a question is not applicable to you, please mark N/A. If you leave a question blank your application will be considered incomplete. Your application will be incomplete if any of the following is missing.

Due to limited funding, this pre-application will be used to determine if you met criteria for a Christian Family Adoption Aid (CFAA) adoption grant. If the criteria is met, you will receive the final application via email.

Date: _____

1. Applicant #1: Name/DOB: _____

Applicant #2: Name/DOB: _____

2. Email: _____ Home/Cell Phone: _____

3. Are you Residents of Georgia? How long? _____

4. Number of children in your immediate family: _____

5. If you are adopting domestically or internationally? _____

6. What were your total earnings (adjusted gross income) in the past two years? Please list each year separately.

Applicant #1: _____

Applicant #2: _____

7. Are you both members in a Christian church that are in good standing with your church? Indicate your church and how many years you have been members. _____

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8. Are you applying for any other grants, loans or financial assistance? If *yes*, please explain and give amounts. Please indicate if you have received any of the aforementioned grants.

9. Please advise if there are any special circumstances you would like for CFAA to consider.

Thank you for your interest and submission of your pre-application for consideration of a CFAA grant. All information provided will remain confidential and will be used for CFAA grant awarding purposes only. Please sign below expressing your understanding of this statement and that you are confirming that all information noted was to the best of your ability in this pre-application.

Applicant#1: _____

Applicant #2: _____

Based on your responses, a member Of the CFAA staff will notify you upon the next steps of the application process.

Completed pre-applications can be submitted **via email**

Victoria.cfaa@gmail.com ; postal mail to P.O. Box 993, Lilburn, Georgia 30048

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