



WINONA COUNTY REENTRY ASSISTANCE PROGRAM+
FUNDING REQUEST (Revised 8/22/23)

To be completed by the case manager. Use a separate form for each item Requests must be received by Thursday at noon and contain all necessary documentation to ensure payment the following week.

Client Name: _____ DOB: _____
First MI Last

Describe the reason your client needs the funds (i.e. rent, bus pass, ID card, work shoes, etc.)

What other funding sources were considered/rejected and why: _____

Amount needed: _____ Payable to?: _____

Attached is documentation of the need for funding, i.e. copy of bill, copy of lease agreement, W-9 Form

Form of payment needed: Credit Card* Check Direct Deposit Date Needed by: _____

*Credit Card should be used only as a last resort. Please ensure that credit card payments are allowed by the vendor.

Transmit payment by?:

- I will pick it up. Contact me at _____ when payment is ready.
Mail it to: _____
Pay online at: _____

Certification: I certify that I am the case manager for the client named above, that the funds requested above are necessary to meet the basic need of the client, that the expenditure is tied to the client's case plan and that other funding sources are not readily available for the expenditure requested. If approved, I agree to obtain a receipt for the funds signed by the client and return it to the WRAP+ Grant Manager.

Case Manager Signature: _____ Date of Request: _____

Printed Name: _____ Title: _____

Admin Use Only:

- Rejected. Reason for rejection: _____
Approved.

Table with 5 columns: Funding Source, GL Code, Amount, Voucher (check) #, Date payment issued. Row 1: JMHC, 01-091-095-0000-6261, [blank], [blank], [blank]

Grant Manager Authorization: _____ Date: _____

Departmental Approval: _____ Date: _____