



Extenuating Circumstance Plea Form

Grantee name: _____

Date of Plea: _____

Disqualifying Criteria:

(Describe how family falls outside of Family Trust/Innovation Funds eligibility)

Family Composition:

(How many members are there in the Family and what are their ages?)

Describe the Family Need:

Describe how the need aligns with the Family Trust/Innovation Funds Mission:

Proposed Use of Funds and Amount:

Agency Signature

Date:

THN Approval Signature

Date: