

**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 [mtabar@lake.k12.il.us](mailto:mtabar@lake.k12.il.us) or to Lake County ROE. Reimbursement will be made upon receipt and/or after service has been provide

**School District Information**

District Name \_\_\_\_\_ Phone \_\_\_\_\_  
Mc/V Liaison \_\_\_\_\_  
Address \_\_\_\_\_

**Student Information**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade level \_\_\_\_\_  
Caregiver Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_

**Mini Grant Request**

Services or items requested: (check all that apply): school supplies \_\_; clothing \_\_;  
Emergency food \_\_; tutoring \_\_; emergency shelter \_\_; special transportation \_\_;  
Before/after school, summer program, mentoring \_\_; counseling \_\_; emergency assistance related to  
school attendance \_\_; related to domestic violence \_\_; referral for medical, dental, or other health  
services \_\_; recreational \_\_; other \_\_.

Amount Requested \_\_\_\_\_ Requested BY \_\_\_\_\_ Position \_\_\_\_\_  
Description and Specify Need

\_\_\_\_\_  
\_\_\_\_\_  
District Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To Be Completed by ROE**

Grant Request Number \_\_\_\_\_  
Regional Liaison Approval (signature) \_\_\_\_\_ Date \_\_\_\_\_  
Check Payable to \_\_\_\_\_  
Fund- Mc/v general funds \_\_ Mc/V ARP funds \_\_ Asylum Seekers fund \_\_\_\_\_  
Account \_\_\_\_\_ Function \_\_\_\_\_  
Send to: Entity \_\_\_\_\_ Attention \_\_\_\_\_  
Street Address \_\_\_\_\_