**Family Reunification Celebration – Mini Grants**

The Administrative Office of the Courts (AOC) welcomes your application for a Family Reunification Celebration mini grant. Reunification is the primary goal for dependency cases, and families who achieve this have earned a celebration! A small amount of funding is available through the federal Court Improvement Program grant, managed by the AOC, to support Family Reunification Celebrations in Washington State. County Courts or other agencies supporting Family Reunification Celebrations may be reimbursed up to $200 per county for expenses such as decorations, certificates, crafts and games, cost to rent a venue, etc.

**Please note: the AOC CANNOT reimburse for gift cards.**

**2023 Instructions**

**PRIOR TO THE EVENT:**

Send an email to [gia.valentine@courts.wa.gov](mailto:gia.valentine@courts.wa.gov) that includes the following information:

(Agency Name) agrees to use the funding amount of up to $200 for the purpose of providing (Type of Support you are providing) for the Family Reunification Celebration to be held on (Date) at (Location or type of virtual event).

*If the agency requesting reimbursement is not a county court, a Vendor I.D. is required. Here is a link to the vendor number lookup:* [*https://des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state/statewide-vendor-number-lookup*](https://des.wa.gov/services/contracting-purchasing/doing-business-state/receiving-payment-state/statewide-vendor-number-lookup) *If your agency does not have a vendor number, you will need to fill out a Statewide Payee Registration form.*

**If you are considering paying for food and/or drinks with the mini-grant, please note:** Utilizing the mini grant funds to purchase food and/or drinks is a complicated process, requiring multiple forms. Therefore, we encourage you to use the mini grant funds for non-food and drink items. These might include: supplies to serve the food (i.e. cups, plates, silverware, napkins); renting a photo booth; games; craft/activity tables; information/resource booths; local mascots, decorations, etc. The Planning Toolkit on the [Family Reunification Day webpage](https://www.courts.wa.gov/newsinfo/index.cfm?fa=newsinfo.familyreunification) provides ideas for getting donations that can be used for food.

However, if you really want to use the mini grant funds to purchase food, you will have to meet all of the following requirements:

* Your event has to be at least 3 hours long in order to have food or drink costs reimbursed with mini grant funds
* A month prior to the event, provide the following to [gia.valentine@courts.wa.gov](mailto:gia.valentine@courts.wa.gov):
  + a completed “Prior Approval for Meals with Meetings Coffee/Light Refreshments” form (copy attached—note: do not sign or date the form; AOC will handle that for you), and
  + a copy of the agenda or flyer (that indicates the length of the event)
* After the event, in addition to the requirements listed below, you will have to provide an attendee list to [gia.valentine@courts.wa.gov](mailto:gia.valentine@courts.wa.gov) (this could be a sign-in sheet for people to sign in when they walk into the event, or a copy of the email invitation that was sent out to attendees for the event that shows who was invited to attend).

**AFTER THE EVENT:**

* Complete and Sign the attached A-19 form
* Scan copies of the Signed A-19 form and receipts for items purchased
* Email the following to [gia.valentine@courts.wa.gov](mailto:gia.valentine@courts.wa.gov):
  + Scanned copy of Signed A-19 form,
  + Scanned copy of receipts for items purchased,
  + Scanned copy of attendee list (if you utilized the mini grant for food and/or drinks), and
  + A copy of the email you sent to [gia.valentine@courts.wa.gov](mailto:gia.valentine@courts.wa.gov) prior to the event.

**Questions????**

Contact Gia Valentine

[gia.valentine@courts.wa.gov](mailto:gia.valentine@courts.wa.gov)

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|  | **Administrative Office of the Courts**  **Prior Approval for Meals with Meetings Coffee/Light Refreshments** |

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| **Date of Request:**  Click here to enter text. | **Group/Sub-Group Name:**  Click here to enter text. | |
| **AOC Staff**  Click here to enter text. | **Contact Phone:**  Click here to enter text. | |
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| **Meals with Meetings and/or Coffee Light Refreshments Request** | | |
| **Purpose of the meeting:** Click here to enter text. | | |
| **Estimated number of participants attending the meeting:**  Click here to enter text. | | |
| **Meeting date (if one meeting) or number of meetings per year (if a series of meetings):**  Click here to enter text. | | |
| **Estimated cost of providing meals and/or refreshments and cost of the venue for each meeting:**  Click here to enter text. | | |
| ***BELOW IS FOR AOC INTERNAL USE ONLY:*** | | |
| **Division Director Approval (Typed name will be considered a signature when transmitted from the director’s computer.)** | | |
| Signature of Approving Authority (required) | | Date |

**Submit signed form to**

**Maria Gonzalez**

**Maria.Gonzalez@courts.wa.gov**

**PLEASE NOTE: If** [**approval**](file:///C:\index.cfm%3ffa=controller.showPage&folder=aoc\financialServices\Travel&file=coffeeLightRefreshmentsandMealswithMeetings) **is not obtained prior to the meeting invoices and/or employee reimbursement will be denied.**

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| FORM A 19-1A (Rev. 5/91) |  | STATE OF WASHINGTON INVOICE VOUCHER |  | AGENCY USE ONLY | | |
| **AGENCY NO.** | **LOCATION CODE** | **P.R. OR AUTH. NO.** |
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| Administrative Office of the Courts | | | | | | | | | | | | | | | | |  | | | *INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.* | | | | | | | | | | | |
| **VENDOR OR CLAIMANT (Warrant is to be payable to)** | | | | | | | | | | | | | | | | |  | | | Vendor’s Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status. | | | | | | | | | | | |
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| BY | | |  | | | | | | | | |
| (SIGN IN INK) | | | | | | | | |  | | |
| (TITLE) (DATE) | | | | | | | | | | | |
| **FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For reporting Personal Services Contract Payments to I.R.S.** | | | | | | | | | | | | | | | | | | | | | | RECEIVED BY | | | | | | | DATE RECEIVED | | |
| **DATE** | | | | **DESCRIPTION** | | | | | | | | | | | | | | | | | | | | **QUANTITY** | | | UNIT  **PRICE** | **AMOUNT** | | | **FOR AGENCY**  **USE** |
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|  | | | | Family Reunification Celebration – Mini Grant | | | | | | | | | | | | | | | | | | | |  | | |  |  | | |  |
|  | | | | Budget Code: 17107010 | | | | | | | | | | | | | | | | | | | |  | | |  |  | | |  |
| PREPARED BY | | | | | | | | | | TELEPHONE NUMBER | | | | | | DATE | | | | | AGENCY APPROVAL | | | | | | | | | | DATE |
| DOC. DATE | | | | | PMT DUE DATE | | | CURRENT DOC. NO. | | | | REF DOC. | | | VENDOR NUMBER | | | | | | | | | | VENDOR MESSAGE | | | | | UBI NUMBER | |
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| ACCOUNTING APPROVAL FOR PAYMENT | | | | | | | | | | | DATE | | | | | | | | | | | | | | | | WARRANT TOTAL | | | WARRANT NUMBER | |