nfwfwf

North Fork Women for Women Fund

Grant Application

North Fork Women for Women Fund, Inc. is a 501(c)(3) community based not-for-profit organization that provides financial assistance to lesbians of the North Fork of Long Island, NY. Applications generally take two to four weeks to process. Names are confidential throughout the grant process.

STEP 1. BASIC INFORMATION

TODAY'S DATE: _____ (MM/DD/YYYY) NAME: _____ FIRST NAME _____ LAST NAME

BIRTH DATE: _____ (MM/DD/YYYY) EMAIL: _____

MAILING ADDRESS: _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERMANENT RESIDENCE: SAME AS MAILING ADDRESS _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

SEASONAL RESIDENCE: NOT APPLICABLE _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

_____ DAYTIME PHONE _____ ALTERNATE PHONE _____ BEST DAY OF WEEK AND TIME OF DAY TO CONTACT YOU

A. YOUR CURRENT MEDICAL/DENTAL COVERAGE.

I DO NOT HAVE MEDICAL OR DENTAL COVERAGE

I HAVE MEDICAL INSURANCE: _____ NAME OF INSURER: $_____ ANNUAL DEDUCTIBLE

I HAVE DENTAL INSURANCE: _____ NAME OF INSURER: $_____ ANNUAL DEDUCTIBLE

B. THE TYPE OF GRANT YOU ARE REQUESTING:

1. HEALTH RELATED EXPENSES
2. LIFELINE MEDICAL ALERT – ONLY (SKIP TO SECTION G)
   Lifeline applicants will be enrolled with a carrier approved by NFWFWF at no charge for installation and monthly charges
3. NON-HEALTH RELATED EXPENSES

C. THE REASON FOR YOUR GRANT REQUEST :

Describe your situation; i.e.: medical condition(s) or living condition(s):

STEP 2. FINANCIAL INFORMATION

NFWFWF does not require formal documentation of your income or insurance coverage at this time. However the information you provide is important to us in considering your request.

D. INCOME + EXPENSE:

YOUR TOTAL ESTIMATED MONTHLY INCOME: $ _____ YOUR TOTAL ESTIMATED MONTHLY EXPENSES: $ _____

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E. OTHER RESOURCES:

ARE YOU APPLYING ELSEWHERE FOR ASSISTANCE? ☐ YES ☐ NO

If yes, list organizations you have contacted regarding funds you are requesting (ask about our Resource List):

NAME OF ORGANIZATION(S) **AMOUNT REQUESTED**

_____ $_____

_____ $_____

THE REASON YOU WERE NOT APPROVED: _____

F. THE GRANT AMOUNT BEING REQUESTED:

List the amounts you are requesting. Attach a current unpaid bill or estimate from the proposed provider for each amount listed. Note that NFWFWF will not reimburse paid invoices.

TYPE OF BILL	AMOUNT	DOCUMENTATION		PLACE ANY NOTES HERE:
CO-PAYS	$ _____	UNPAID BILL	ESTIMATE	
MEDICAL/DENTAL BILLS	$ _____	UNPAID BILL	ESTIMATE	
MEDICAL EQUIPMENT	$ _____	UNPAID BILL	ESTIMATE	
NON-MEDICAL EXPENSES	$ _____	UNPAID BILL	ESTIMATE	
OTHER: DESCRIBE	$ _____	UNPAID BILL	ESTIMATE	
TOTAL AMOUNT APPLIED FOR	**$** $ 0.00			

G. GIVING BACK:

Grants are made possible by donations from the lesbian community of the North Fork. Should your circumstances change, we would like you to consider helping NFWFWF in any way you can. Some possible ways to help are listed below:

- Volunteer at an event
- Join a committee
- Make a bequest to NFWFWF
- Contribute an auction item for our Labor Day fund-raiser
- Become a HelpHer volunteer
- Contribute personal or business services
- Make a tax-deductible donation.

H. SIGN, DATE AND RETURN TO :

MAIL: North Fork Women for Women Fund, Grants Chair
P.O. Box 804, Greenport, NY 11944

EMAIL: grants@nfwfwf.org

By checking this box I acknowledge that I am electronically signing this grant application and certify that all information I have provided is true and accurate.

_____ _____
PRINT NAME DATE (MM/DD/YYYY)

_____ _____
DATE APPROVED BY THE BOARD GRANT ID

PLEASE NOTE:

By law, grants of 600^{00} or more in any calendar year, must be reported to the IRS and a form 1099 indicating "miscellaneous income" issued to you. If your grant exceeds 599^{99}, you will need to provide your social security number to NFWFWF in order for a grant to be issued.