

 REQUEST FORM FOR BRIDGE FUND ASSISTANCE

Submit to: Beverly Haas, BeverlyVHaasTBF@gmail.com, 617-645-4165

or to Michael Beebe, mbeebe@aol.com, 239-682-3855

Please submit as a Word document. We cannot accept a PDF or photocopy of this form.

**Please answer all questions (if not applicable, indicate N/A)**

Date:

School Name:

School Contact Name and Position:

Contact Phone #: Contact Email:

**A. SUMMARY OF NEED**

1) Name of person(s) needing assistance:

2) Specific Need (rent [which month], electric bill, MRI, car repair, education, etc.):

3) How many persons will benefit if this request is approved?

\_\_\_\_\_ Adults

 \_\_\_\_\_Children (include ages) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Is this a one-time need? Yes \_\_\_\_ No\_\_\_\_;

Has the person/family received help from TBF or any other agency or charity, or a referral for case management within the past year?

Yes \_\_\_\_ No\_\_\_\_

If Yes, please list the agencies (including The Bridge Fund) and describe assistance:

**B. FUNDS REQUESTED**

All agencies or possible resources contacted. For agencies or charities, include (i) contact name and (ii) result.

5) a) Amount required to meet the TOTAL need: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(a – b = c)**

 b) Funds to be provided from any other source, including person needing assistance: $\_\_\_\_\_\_\_\_

 Include names of individuals or agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c) Remaining funds requested from TBF to complete need: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. BACKGROUND DESCRIPTION OF NEED**

1) Provide a detailed background description of what brought about this immediate need.

2) What are the plans for self-sufficiency in the future?

**D. PAYMENT DETAILS**

1) Date funds needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (can indicate ASAP or deadline date)

2**)** Please provide complete payment or delivery instructions.

**Request for a payment:** Include payee information (name, address, phone number) and payment account number. List payment portal website, user name and password if bill/rent is paid online.

**Request for a delivery:** Provide the recipient’s name, address and phone number.

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Payment portal website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, username\_\_\_\_\_\_\_\_\_\_\_\_\_, password\_\_\_\_\_\_\_\_\_\_\_\_

3) In addition, please provide a **legible copy** of an invoice, lease, bill or other documentation that supports the funds needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Bridge Fund use only.*

Request approved: denied: Date: Amount: