

 REQUEST FORM FOR BRIDGE FUND ASSISTANCE

Submit to: Michael Beebe, mbeebe@aol.com, 239-682-3855;

or to Beverly Haas, BeverlyVHaasTBF@gmail.com, 617-645-4165;

or Jim Herald, jrh8719@aol.com, 317-727-7698

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

Please answer all questions

Date:

Agency Name:

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 person/family received help from TBF or any other agency or charity within the past year? Yes \_\_\_\_ No\_\_\_\_

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

5) a) Funds required to meet the TOTAL need: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b) Funds already committed from other agencies or individuals: $\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

.

**B. BACKGROUND DESCRIPTION OF NEED** (please be as detailed as possible)

1) What caused this immediate need (i.e., lost job, medical problem, etc.)?

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

**C. PAYMENT DETAILS.**

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

2**)** Please provide payment or delivery instructions (where and to whom payment to be made, including account number and payee phone number).

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

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

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

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: