

NORTH FORK WOMEN

Building a Safe, Healthy & Active Community

PO Box 804, Greenport, NY 11944 | 631.477.8464 | NorthForkWomen.org

Grant Application

North Fork Women 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: _____ First + Last Name: _____

Birth Date: _____ Email Address: _____

Mailing address: _____

Street address: _____

Phone: _____ Okay to text? Yes No

A. YOUR CURRENT MEDICAL/DENTAL COVERAGE.

- I do not have medical insurance.
- I have medical insurance. NAME + DEDUCTIBLE AMT: _____
- I have supplemental insurance. NAME + DEDUCTIBLE AMT: _____
- I have dental insurance. NAME + DEDUCTIBLE AMT: _____

B. THE TYPE OF GRANT YOU ARE REQUESTING: CHECK ALL THAT APPLY

- Health Related Expenses
- Non Health Related Expenses
- Medical alert – only (Skip to Section G)
Medical Alert applicants will be enrolled with a carrier approved by NFW at no charge for installation and monthly charges

C. THE REASON FOR YOUR GRANT REQUEST :

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

STEP 2. FINANCIAL INFORMATION

What is your estimated monthly income: \$ _____

What are your estimated monthly expenses: \$ _____

Total amount you are requesting: \$ _____

Are you applying elsewhere for assistance? Yes No

If 'Yes', where: _____

D. DOCUMENTATION

In order to receive a grant you must send to us the correlating invoice, receipt or estimate from your provider(s) for each amount requested. Invoices, receipts or estimates must be within 12 months of receipt of this application.

E. 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 North Fork Women 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.

F. SIGN, DATE AND RETURN TO :

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

EMAIL: grants@northforkwomen.org

I certify that the information provided in this application is true and accurate.

Signature _____

Print Name _____ Date _____

Please Note: By law, grants of \$600⁰⁰ 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 \$599⁹⁹, you will need to provide your social security number to North Fork Women in order for a grant to be issued.