



The You've Got a Friend Fund (YGAF) exists to help in cases of exceptional hardship, where a ONE-TIME grant of LESS THAN \$1,000 will make a lasting difference towards easing that hardship.

- Our grants are meant to solve a SPECIFIC ONE-TIME NEED.
- Grants are not given directly to the applicant, but are paid to the service provider, vendor, business or organization.
- The grant must be sufficient to complete the funding required to meet the need specified without leaving you in debt.
- ***Grants do not fund debt or repay for anything already paid for.***

Date of request:

Date funds needed by:

Name of applicant:

Date of birth:

Address: *(must be in Hancock County, Maine)*

City/Town:

Zip Code:

Telephone:

Email Address:

Amount requested: _____ (max: \$1,000)

What are you trying to do? What is your goal?



What do you need to accomplish your goal? If you are awarded a You've Got a Friend Fund grant, will you be able to maintain the progress you make because of the grant? How? Be specific, please.

YGAF grants are designed to help people as a last resort, when all other options have been explored first. What have you tried to reach your goal? For example, have you looked for help with any other community service agencies?



YGAF is a small fund and we receive more applications than we can say yes to. Please tell us about anything that might help us understand your situation and needs better.

Please provide the following financial information. *The information you provide is only used to determine grant eligibility and will not be shared with anyone outside of the You've Got a Friend fund:*

Monthly expenses (rent, utilities, food, child care etc.) _____

Monthly income (wages, child support, social security etc.) _____

Debts (car, mortgage, credit card etc.) _____

Do you receive Supplemental Nutrition Assistance (SNAP)? _____

Do you receive Social Security Disability Income? _____

Do you receive heating assistance? _____

Do you receive Maine Care? _____



Service providers/vendors are paid on behalf of the applicant. Grants are not given directly to applicant. **Grants cannot fund debt or repay for anything already paid for.**

Please contact the service provider or vendor who will provide this service to request a written proposal or estimate of the cost of service and obtain permission for a representative of You've Got a Friend to speak directly to this person on your behalf.

YOU MUST INCLUDE THE WRITTEN PROPOSAL OR ESTIMATE PROVIDED BY THE VENDOR OR SERVICE PROVIDER WITH THIS COMPLETED APPLICATION.

Please initial the line below and provide the service provider/vendor's contact information.

_____ Applicant's initials verifying that a You've Got a Friend representative has permission to speak with the chosen service provider/vendor and referring organization (if applicable).

Service provider/vendor contact information:

Name:

Address:

Phone number:

Person completing form:

Phone:

Relationship to applicant:

Referring organization / agency (if applicable):

Organization / Agency contact:

Phone:

Organization/Agency contact person's email address:

Are the applicant and referring organization (if applicable) willing to remain in contact with "You've got a Friend" to see how things worked out? Yes No

Signature of applicant (verifying accuracy of information contained in this application):

*Please return to: Nina Zeldin, Healthy Acadia, P.O. Box 1710, Ellsworth, ME 04605
or by email: nina@healthyacadia.org.
Questions? Call 207-479-1206.*