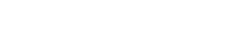




Funds	needed	hv
runus	neeueu	Dy.

	The You've Got a Friend Fund (26AF) 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
ancock Coun	thandship.

	• Our grants are mean to pocodie a SPECIFIC ONE-TIME NEED.				
	•Enfaitmenter are not given directly to the first of the		re paid to the service provider,		
alth	 (maximvendor, business or organization.3 needs: ¹The grant must be sufficient to complete the funding required to meet the need ^Ospecified without leaving you in debt. 				
o do?	• 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:			
accomplish	Amount requested: your goal? Be specific, please. What are you trying to do? What is your goal?				
6	Healthy Acadia Building vibrant communities in Hancock and Washington court	A ties	1		







	Funds needed by:
	What do you need to accomplishor our 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
ancock Coun	tspragifie) please.
πεσεκ σσαπ	
	Zip Code:
	Email Address:
	(maximum \$1,000) to meet the following needs:
alth	Housing/Home Improvements
	Other
o do?	
	YGAF grants are designed to help people as a last resort, when all other options have been
accomplish	Jexplored first. What have you tried to reach your goal? For example, have you looked for help
r r	with any other community service agencies?
	Healthy Acadia
	Duilding vibrant communities in Hancoch and Weshington counties





	Funds needed by:	
	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.
ancock Coun	ty, Maine)	
	Zip Code:	
	Email Address:	
	(maximum \$1,000) to meet the following needs:	
alth	Housing/Home Improvements	
	Other	
o do?		
	Please provide the following financial Information. The infor	mation you provide is only used to
	determine grant eligibility and will not be shared with anyone	e outside of the You've Got a Friend
	fund:	
accomplish	your goal? Be specific, please.	
	Monthly expenses (rent, utilities, food, child care etc.)	
	Monthly income (wages, child support, social security etc.)	
	Debts (car, mortgage, credit card etc.)	
	Debts (car, mortgage, create cara 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?	







	Funds needed by:				
	Service providers/vendorspacepoid much ehalf of the applicant. Grants are not given directly to				
	applicant. Grants cannot fund debt or repay for anything already paid for.				
ncock Coun					
	Please contact the service provider or vendor who will pro	1			
	written proposal or estimate proposal of service and obta				
	of You'naiGAtalFeisend to speak directly to this person on y	our behalf.			
	(maximum \$1,000) to meet the following needs:				
alth	YOU MUSTINGHORE THE WRITTEN PROPOSAL OR ESTIMATE PROVIDED BY THE				
	VENDOR OR SERVICE PROVIDER WITH THIS COMPLET	ED APPLICATION.			
o do?	Please initial the line below and provide the service provider/vendor's contact information.				
	Applicant's initials verifying that a You've Got a Fi	riend representative has			
	permission to speak with the chosen service provider/ven				
	applicable).				
	Service provider/vendor contact information:				
	Name:				
	Address:				
ccomplish	your goal? Be specific, please.				
	Phone number:				
	Person completing form:	Phone:			
	Relationship to applicant:				
	Referring organization / agency (if applicable):				
	Organization / Agency contact:	Phone:			
	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?				
	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: <u>nina@healthyacadia.org</u>.

Healthy Acadia Building vibrant communities in Hancock and Washington counties 1

