



The You've Got a Friend Fund (YGAFF) 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. Grants must be for a SPECIFIC NEED, paid to an outside business or organization, and must be sufficient to complete the funding required to meet the need specified.

Date of request:	Date funds needed by:
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Name of applicant:	Date of birth:
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Address: *(must be in Hancock County, Maine)*

City/Town:	Zip Code:
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Telephone:	Email Address:
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Amount requested: \_\_\_\_\_ (max: \$1,000) to meet the following need(s):

<input type="checkbox"/> Dental/Vision/Health	<input type="checkbox"/> Housing/Home Improvements
<input type="checkbox"/> Transportation	<input type="checkbox"/> Other

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



What do you need to accomplish your goal? Be specific, please.

What have you tried to reach your goal? For example, have you looked for help with any other community service agencies?



If you are awarded a YGAF grant, will you be able to maintain the progress you make because of the grant? How?

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? \_\_\_\_\_



Service providers/vendors are paid on behalf of the applicant. Grants are not given directly to applicant.

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.

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:
Is the applicant willing to remain in contact with "You've got a Friend" to see how things worked out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of applicant (verifying accuracy of information contained in this application):	

*Please return to: Nina Zeldin, Healthy Acadia, 140 State Street, Suite 1, Ellsworth, ME 04605  
or by email: [nina@healthyacadia.org](mailto:nina@healthyacadia.org).  
Questions? Call 207-479-1206.*