



**UPPER ARLINGTON
COMMUNITY FOUNDATION**
GOOD NEIGHBOR FUND

GOOD NEIGHBOR FUND GRANT APPLICATION

an Upper Arlington Community Foundation Initiative

We are sorry about the challenges you are facing right now and appreciate you trusting us to offer support.

The Upper Arlington Community Foundation’s Good Neighbor Fund (GNF) was created to assist residents who are dealing with unexpected events that could disrupt their stability. Made possible by the Upper Arlington Community Foundation (UACF) and contributions from your Upper Arlington neighbors, this fund exists to offer a safety net for those in need.

The fund is designed to provide one-time emergency assistance for situations that significantly affect a person’s ability to meet their basic needs. It serves as a last resort for those facing urgent financial challenges after exploring all other avenues of help

TO BE COMPLETED BY ADVOCATE PARTNER

APPLICANT QUALIFICATIONS

You qualify to apply for a GNF grant up to \$3,000 if you meet all of the following requirements:

- An Upper Arlington, Ohio resident
- Able to demonstrate financial need due to a unique unforeseen event such as illness, emergency event, or urgent circumstance that creates challenge
- Applying for a GNF grant for the first time, and have not received a GNF grant in the past
- Referred by one of our qualified Advocate Partners from the list below
- Able to provide three references to confirm your financial need
- Applying for a GNF grant after exhausting all other financial resources

QUALIFIED ADVOCATE PARTNERS

The GNF is successful thanks to strong community relationships and our qualified Advocate Partners. The role of the Advocate Partner is to refer you to this program, confirm your need, assist you with this application process, and advocate on your behalf.

Confirm your referral as Advocate Partner. Please check one and provide contact information.

- | | | |
|--|---------------------|--------------|
| <input type="checkbox"/> Syntero | Contact Name: _____ | Phone: _____ |
| <input type="checkbox"/> UA City Schools | Contact Name: _____ | Phone: _____ |
| <input type="checkbox"/> UA Commission on Aging | Contact Name: _____ | Phone: _____ |
| <input type="checkbox"/> UA Fire Department | Contact Name: _____ | Phone: _____ |
| <input type="checkbox"/> UA Police Department | Contact Name: _____ | Phone: _____ |
| <input type="checkbox"/> UA Community Foundation | Contact Name: _____ | Phone: _____ |

TO BE COMPLETED BY APPLICANT

APPLICANT QUALIFICATIONS

List three personal/professional references who can confirm your financial need. These individuals will be contacted by the UACF staff.

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

Contact Name: _____ Phone: _____

PERSONAL INFORMATION

Applicant's Full Name: _____

E-mail: _____

Current Address: _____

Zip Code: _____ Phone Number: _____

I am McKinney-Vento eligible: [] Yes [] No

List people living in your household and their ages:

NAME	AGE

What other financial resources have you requested in addition to this application? Please list below:

OTHER RESOURCES REQUESTED	DATE

FUNDING REQUEST

List all invoices/bills below in need of grant funding. Invoices/ bills must be attached to this application and total the amount requested below. Creditors will be paid directly by the UACF.

DATE OF INVOICE	INVOICE DESCRIPTION	INVOICE AMOUNT	PAYMENT METHOD <i>(check or online)</i>	PAYMENT DUE DATE
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
	TOTAL:	\$		

I give permission to UACF staff to contact payee with any necessary questions regarding these invoices/bills.

Yes No

If selected for this grant, I am willing to share my personal story (anonymously or otherwise) to inspire others to support the Good Neighbor Fund.

Yes No

Applicant Name (print): _____

Applicant Signature: _____ Date: _____

IS MY APPLICATION COMPLETE?

All boxes must be checked below.

- Application is completed in full
- Invoices/bills are attached
- Invoices/bills attached total the amount requested in this application
- Application is signed and dated

If all boxes are checked, this application is complete. Please submit entire application by mail or email below.

MAIL OR DELIVER TO:

Upper Arlington Community Foundation
 Attn: Good Neighbor Fund
 3600 Tremont Rd., Upper Arlington, OH 43221
 jessica@uacommunityfoundation.com

You will be notified regarding the determination of this request.

Questions? Contact your Advocate Partner or Jessica Grisez, UACF at 614.451.0700 or jessica@uacommunityfoundation.com