

 REQUEST FORM FOR BRIDGE FUND ASSISTANCE

Submit to: Michael Beebe, mbeebe@aol.com, 239-682-3855; Jim Herald, jrh8719@aol.com, 317-727-7698; or Beverly Haas, BeverlyVHaas@gmail.com, 617-645-4165

Please send as a Word document. We cannot accept a PDF or photocopy for the request.

Date:

Agency Name:

Agency Contact Name:

Agency Contact Phone #: Agency Contact Email:

**A. SUMMARY OF NEED**

1) Client Name:

2) Specific Need (rent, electric bill, MRI, car repair, education, etc.):

3) How many persons will benefit if this request is approved?

4) One Time Need: Yes \_\_\_\_ No\_\_\_\_; have we assisted client before: Yes \_\_\_\_ No\_\_\_\_

(if Yes, explain under B, below)

5) Total Funds Required to Meet Need: $

6) Other agencies or possible resources also contacted:

7) Funds to be provided by Agency or other source: $

8) Total Funds Requested from The Bridge Fund: $

**B. BACKGROUND DESCRIPTION OF NEED**: (include what caused this immediate need, i.e., lost job, medical problem, etc., and what are the plans for client’s self-sufficiency in the future)

**C. PAYMENT DETAILS**

1) Date funds needed:

2**) If approved, please note how funds to be paid**

Please provide name, address and phone number of payee:

(Include copies of an invoice or lease, or description of order and delivery instructions, as appropriate)

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*For Bridge Fund use only.*

Request approved: denied: Date: Amount: