

<p>The neighbor4neighbor fund exists to help in cases of exceptional hardship, where a ONE-TIME grant of \$500 OR LESS will make a lasting difference towards easing that hardship. Grants must be for a SPECIFIC ONE-TIME NEED, paid to an outside business or organization, and must be sufficient to complete the funding required to meet the need specified. <b>Grants cannot fund debt. Grants need to be approved before contracting for service or purchasing goods.</b></p>	
Date of request:	Date funds needed by:
Name of applicant: <i>(must be at least 60 years old and experiencing economic need)</i>	Date of birth:
Address: <i>(must be in Hancock or Washington County, Maine)</i>	
City/Town:	Zip Code:
Telephone:	Email Address:
<p>Amount requested: _____ (max: \$500) to meet the following need(s):</p> <p> <input type="checkbox"/> Dental/Vision/Health                      <input type="checkbox"/> Housing/Home Improvements  <input type="checkbox"/> Transportation                              <input type="checkbox"/> Other         </p>	
Describe the request and the need that will be addressed.	
Describe how the request will help to improve quality of life and support independent functioning.	

Service providers/vendors are paid on behalf of the applicant. Grants are not given directly to applicant. **Your application must be approved by the neighbor4neighbor grant review committee before you contract for services or purchase any goods. The neighbor4neighbor grants do not fund debt.**

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 neighbor4neighbor 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 neighbor4neighbor representative has permission to speak with the chosen service provider/vendor.

Service provider/vendor contact information:

Name:

Address:

Phone number:

Person completing form:	Phone:
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Relationship to applicant:
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Referring organization / agency (if applicable):
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Organization / Agency contact:	Phone:
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Is the applicant willing to remain in contact with “neighbor4neighbor” to see how things worked out?     Yes             No

Signature of applicant (verifying accuracy of information contained in this application):
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*Please return to: Nina Zeldin, Healthy Acadia, , P.O. Box 1710, Ellsworth, ME 04605  
or by email: [nina@healthyacadia.org](mailto:nina@healthyacadia.org).  
Questions? Call 207-479-1206.*