



The Neighbor to Neighbor Fund of the Finger Lakes Area Community Endowment (FLACE) offers one-time assistance to individuals & families in crisis. The fund accepts applications on behalf of individual clients from health & social service agency representatives who may submit the application by email or mail. Agency representatives can generally expect a decision within ten working days, and if approved, funds are sent to the agency to distribute to the vendor for payment.

Community members support Neighbor to Neighbor and there is a limited amount of funding available. Our grant limit is \$500, although occasionally (or in extraordinary circumstances) we may award larger grants if funds are available. To apply, please complete the form below. Examples of the type of needs the Neighbor to Neighbor Fund may help address include medications & other health-related emergencies, car repair, security deposits, utility payments to prevent shut-off, food, legal services, etc.

The agency representative completing this form will be notified by email of the decision on the application or if there are questions. For consideration, please complete both pages in full. If more space is required, attach an additional page.

Date of Request: _____ Name of Agency: _____

Contact Person: _____ Phone # (with ext.): _____

Agency MAILING Address _____

Email: _____

Agency's Relationship to individual applicant: _____

Individual Applicant's Name (Will be kept confidential): _____

Individual Applicant's Address: _____

City/Town: _____ Zip Code _____

Description of applicant's circumstances

What is funding requested for and why can the applicant not pay for this?

Total Cost: \$ _____ Amount secured from other sources: \$ _____

Amount sought from Neighbor-to-Neighbor Fund: \$ _____

How is your agency working with this person/family to prevent further crises?

You will be notified of the decision on your application by email within two weeks.

If you have questions, please email information@neighbortoneighborfund.org

Email application to – request@neighbortoneighborfund.org

Or mail to : Neighbor to Neighbor, PO Box 756, Canandaigua, NY 14424

This area for office use only -

Date Received: _____

Approved: YES NO

Date Response sent to Agency: _____

Neighbor to Neighbor Representative: _____

Type of Funding: Food Health/Medical Housing Legal Utilities Other

NOTES: