



Client Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount Requested \$ \_\_\_\_\_

The Neighbor to Neighbor Fund of the Finger Lakes Area Community Endowment (FLACE) offers one-time assistance to individuals & families in *crisis*. Neighbor to Neighbor will keep client names confidential.

- We accept applications from agencies on behalf of clients residing in Ontario County only.
- We will send approved funds 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 maximum grant size is \$1,000.
- Please complete both pages in full. If you require more space, complete an additional page.

Purpose for funds –

Security Deposit    Rent    Heat    Electric    Water    Car Repair  
 Car payment    Insurance    Medical    Legal Assistance

Other \_\_\_\_\_

How far behind is the client with this bill? \_\_\_\_\_ months \_\_\_\_\_ days

Is there an agreement with the vendor to suspend eviction/foreclosure/repossession if we approve funds?

Not Applicable    Yes    No. If no, please confirm with the vendor before applying.

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone # (with ext.): \_\_\_\_\_

Agency Address (where we should send a check) \_\_\_\_\_

Email: \_\_\_\_\_

Agency's Relationship to client: \_\_\_\_\_

How long has the applicant been assisted by your agency? \_\_\_\_\_ Years   \_\_\_\_\_ Months

How many children under the age of 21 reside in the household? \_\_\_\_\_

List names of other adults in the household: \_\_\_\_\_

Client's Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code \_\_\_\_\_

Please detail why the applicant cannot pay for these expenses and why the need is critical right now:

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Which other agencies have you applied to on behalf of this client?

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\$ \_\_\_\_\_ (Total Cost)

Amount secured from other agencies: \$ \_\_\_\_\_

Amount Client can pay on their own \$ \_\_\_\_\_

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

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

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Fully completed applications are due by 1:00 pm on Wednesday to be considered that week. Others will be considered at the end of the following week. Name the file in this format – clientname.date. Example – Doe.Jane.08.01.2022 Email application (or questions) to – [request@neighbortoneighborfund.org](mailto:request@neighbortoneighborfund.org)