



# Grant Application

Your application will be kept confidential by the Grant Selection Committee of Network Angels, except as required by law and for verification of information by Human Resources (for employees) or Accounts Payable (for independent contractors).

## **Applicant Information**

Name: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## **Eligibility Information**

To be eligible for a grant, an applicant must be either (a) an employee employed by The MENTOR Network or a partner organization for a minimum of six months, (b) a non-Mentor independent contractor with at least 300 hours of contracted billable time in the past six months or (c) a Mentor independent contractor with at least at least 90 contracted billable days in the past six months.

Role and Location: \_\_\_\_\_  
Partner Company: \_\_\_\_\_

## **Living Situation (please check all that apply)**

Alone  With spouse or partner  Roommate(s)  Other family member(s)

Do you have any children under 18 years of age living with you for whom you are legally responsible?  Yes  No

If yes, please list ages: \_\_\_\_\_

## **Financial Information**

- Please complete and attach the Budget Worksheet, which you may download from [www.thementornetwork.com/networkangels](http://www.thementornetwork.com/networkangels)
- If you are an employee, please attach a copy of your most recent federal income tax return, and that of your spouse or domestic partner, as defined by Human Resources guidelines. If your tax return is not available, please attach copies of your two most recent pay stubs, and those of your spouse or domestic partner.
- If you are an independent contractor, please attach a copy of your most recent federal income tax return and that of your spouse or domestic partner.
- Please list checking and savings account balances for all responsible adults in the home.

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grant Information**

To be eligible for a grant from Network Angels, **an applicant must experience a qualifying event** and be able to demonstrate financial need in an emergency situation. Examples of qualifying events include:

- o fires or natural disasters causing the loss of a personal residence,
- o incidents of domestic violence requiring the victim to seek alternative living arrangements,
- o an accident that eliminates a source of income or results in unanticipated expenses,
- o or a serious illness or death of an immediate family member that places unexpected financial burdens on a family.

Amount requested: \_\_\_\_\_

Grant amounts are determined individually and based on available funding but will average approximately \$1,000.

**Please attach a one page statement of need describing your qualifying event resulting in the need for a grant from Network Angels and the purpose of the funds you are requesting. Please describe in as much detail as possible the reason you are applying.**

**Payment Information**

Network Angels contributions are not made directly to the individual applying. Funds are paid to a particular vendor based on need (e.g. utility or mortgage company, landlord, short and long-term disability, social security, SSI, etc.).

Please provide details for the vendor you would like to have funds directed to. This information may be available from your billing statement or by contacting the vendor directly.

Name of Vendor: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

Vendor Federal Tax ID Number: \_\_\_\_\_

**Additional Information/Documentation**

Depending upon the qualifying event or circumstances, applicants may be asked to provide supplemental information which may include any of the following:

- The name and contact information of a fire investigator, local police officer, shelter or caseworker
- An insurance report
- A statement from the landlord of a new apartment or rental housing setting forth all monies required, such as security deposit or first month's rent
- Contact information for funeral home
- Past due notes for rent and essential basic utilities (e.g. gas, electric)
- A physician's statement

**Truth Disclosure Statement**

*To the best of my knowledge, all information and declarations on this application, including any attachments, are true and accurate representations of my current financial circumstances. I agree to provide any additional documentation upon request. I understand the penalty for misrepresentation will be the forfeiture of future eligibility for Network Angels funds, and I will be liable to repay all funds that have been granted on the basis of misrepresentation of the facts.*

**Signature of Applicant:** \_\_\_\_\_

I understand typing my name constitutes a legal signature

**Date:** \_\_\_\_\_

Applications can be emailed to [networkangels@thementornetwork.com](mailto:networkangels@thementornetwork.com) or faxed to 617-790-4271. If you have any questions about this application or the application process, please call Network Angels toll free at 877-255-2003 or email [networkangels@thementornetwork.com](mailto:networkangels@thementornetwork.com).

All inquiries will be kept confidential.