



Inspire • Engage • Create



UPPER ARLINGTON  
COMMUNITY FOUNDATION  
GOOD NEIGHBOR FUND

## GOOD NEIGHBOR FUND GRANT APPLICATION

*an Upper Arlington Community Foundation Initiative*

We are sorry to hear that you are experiencing hardship at this time. Thank you for trusting us to help!

The Upper Arlington Community Foundation’s Good Neighbor Fund (GNF) was established to help Upper Arlington residents who have a unique, unforeseen event happen in their lives that threatens their stability. The GNF is made possible by the Upper Arlington Community Foundation (UACF) and your Upper Arlington neighbors. Together, we work to ensure our neighbors in need know about this safety net.

This fund is specifically for one-time emergency assistance due to an event that seriously jeopardizes the recipient’s ability to meet basic needs. This fund serves as a last resort for those with urgent needs who have exhausted all other options for financial assistance.

### APPLICANT QUALIFICATIONS

**You qualify to apply for a GNF grant up to \$2,500 if you meet all of the following requirements:**

- An Upper Arlington, Ohio resident
- Able to demonstrate financial need due to a unique unforeseen event such as illness, emergency event, or urgent circumstance that creates challenge
- Applying for a GNF grant for the first time, and have not received a GNF grant in the past
- Referred by one of our qualified Advocate Partners from the list below
- Able to provide three references to confirm your financial need
- Applying for a GNF grant after exhausting all other financial resources

### QUALIFIED ADVOCATE PARTNERS

The GNF is successful thanks to strong community relationships and our qualified Advocate Partners. The role of the Advocate Partner is to refer you to this program, confirm your need, assist you with this application process, and advocate on your behalf.

Identify which Advocate Partner is helping you. Please check one and provide contact information.

- UA City Schools**                      Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- UA Commission on Aging**                      Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- UA Fire Department**                      Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- UA Police Department**                      Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- UACF Executive Director**                      Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT QUALIFICATIONS**

List three personal/professional references who can confirm your financial need. These individuals will be contacted by the UACF staff.

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL INFORMATION**

Applicant's Full Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List people living in your household and their ages:

NAME	AGE

Have you requested emergency assistance from other sources before contacting the GNF?  Yes  No

**Describe your emergency circumstances in detail, including dates:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FUNDING REQUEST

List all invoices/bills below in need of grant funding. Invoices/ bills must be attached to this application and total the amount requested below. Creditors will be paid directly by the UACF.

DATE OF INVOICE	INVOICE DESCRIPTION	INVOICE AMOUNT	PAYMENT METHOD <i>(check or online)</i>	PAYMENT DUE DATE
		\$		
		\$		
		\$		
		\$		
		\$		
	<b>TOTAL:</b>	\$		

I give permission to UACF staff to contact payee with any necessary questions regarding these invoices/bills.

Yes     No

If selected for this grant, I am willing to share my personal story (anonymously or otherwise) to inspire others to support the Good Neighbor Fund.

Yes     No

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IS MY APPLICATION COMPLETE?

All boxes must be checked below.

- Application is completed in full
- Invoices/bills are attached
- Invoices/bills attached total the amount requested in this application
- Application is signed and dated

If all boxes are checked, this application is complete. Please submit entire application by mail or email below.

### MAIL OR DELIVER TO:

#### Upper Arlington Community Foundation

Attn: Good Neighbor Fund  
3600 Tremont Rd.  
Upper Arlington, OH 43221

**Email:** [jessica@uacommunityfoundation.com](mailto:jessica@uacommunityfoundation.com)

You will be notified regarding the determination of this request.

**Questions?** Contact your Advocate Partner or Jessica Grisez, UACF at 614.451.0700 or [jessica@uacommunityfoundation.com](mailto:jessica@uacommunityfoundation.com)