

**SAN FRANCISCO BAY AREA LEATHER ALLIANCE
584 CASTRO ST #660
SAN FRANCISCO, CA 94114**

A domestic nonprofit corporation (Federal ID 23-7185340; California ID C0751875)
San Francisco's oldest continuous gay charity, formed January 8, 1972

GRANT APPLICATION

Please Note: This is a grant, not a loan

1. One purpose of the Leather Alliance is to provide relief and assistance to
 - Members associated with the organizations comprising the Fund
 - Persons who have actively participated with and supported the organizations comprising the Fund
 who, because of accident or severe illness, are in serious financial distress.
2. Only life-line expenses will be considered for a grant:
 - Rent
 - Electricity, Gas
 - Basic Telephone
 - Food (normal basic maintenance)
 - Medical, Insurance (if none other is available).
3. Statement of expenses must be supported by documents.
4. We encourage the grant applicant to be present at all readings of the grant application. It is not required by the Board to have you there to process the application. Should you choose to let your Sponsoring Director represent you at the reading, you should be advised of the following: that the processing of the application could be held up from seven to 30 days. This would be due to questions and clarifications on the application that your Sponsoring Director could not address. An explanation as to why the applicant chooses not to attend will be supplied by the Sponsoring Director. Any application presented to the Board for review that is not complete and cannot be completed and clarified at the time of review will not be voted on by the Board.
5. Payments will be made directly to creditors whenever possible.
6. This application as well as the reviewing process are confidential; creditors are requested to maintain such confidentiality.
7. This application must be reviewed by a sponsoring ICF Director and two other Directors: a second reviewing Director and the Treasurer before presentation to the Board of Directors for approval.
8. Seven days are required for review prior to consideration at a Board meeting.

Review

I have reviewed this application and am satisfied that the information provided is valid and that the request falls within the requirements of the Leather Alliance

Sponsoring Director: _____ Date: _____

We have reviewed this application and recommend it for consideration by the Board of Directors of the Leather Alliance

Reviewing Director: _____ Date: _____

Treasurer: _____ Date: _____

Applicant

Name: _____

Address: _____

City: _____

Phone: _____

Social Security # _____ California ID # _____

Residence in Bay Area: _____

Total amount requested: _____ (Total from next page)

Is this your first grant application?

If not, please give dates and amounts:

In completing this application I certify that all of the statements and information are true and complete. I have completely read and understand this grant application process.

Signature: _____

Date: _____

Basis for Application

Circumstances of accident/illness: _____

Hospitalized:

Where:

How long: _____

Date you returned (or expect to return) to work: _____

Please furnish your doctor's report regarding the length of convalescence.

Comments: _____

Action

This grant request was presented to the Board of Directors on ____ / ____ / ____ . It

was APPROVED NOT APPROVED by a vote of:

Yes _____ No _____ Abstentions _____ for the amount of \$ _____

Recording Secretary: _____

Payments Requested

Show earliest due date for the payment requested as "For Period Beginning". For each item include documentation in the form of bills or other supporting evidence of need. All bill stubs, coupons, and creditor's payment envelopes must be submitted at the time of review of application.

Amount Requested: \$ _____ For Period Beginning _____

Purpose: _____

Payee on Check: _____

Mailing Address: _____ City: _____ State: __ Zip Code: _____

Contact: _____ Phone Number: _____

Office Use

Check No. _____

Amount Approved

\$ _____

Amount Requested: \$ _____ For Period Beginning _____

Purpose: _____

Payee on Check: _____

Mailing Address: _____ City: _____ State: __ Zip Code: _____

Contact: _____ Phone Number: _____

Check No. _____

Amount Approved

\$ _____

Amount Requested: \$ _____ For Period Beginning ____/____/____

Purpose: _____

Payee on Check: _____

Mailing Address: _____

City: _____ State: __ Zip Code: _____

Contact: _____ Phone Number: (____) _____

Check No. _____

Amount Approved

\$ _____

Amount Requested: \$ _____ For Period Beginning ____/____/____

Purpose: _____

Payee on Check: _____

Mailing Address: _____

City: _____ State: __ Zip Code: _____

Contact: _____ Phone Number: (____) _____

Check No. _____

Amount Approved

\$ _____

Financial Status

Employed? ____ Basic Salary: \$ ____ Hourly Full-time) _____

Employer's Name: _____ Phone #: _____

Address: _____ Length of Employment: _____

If less than one year, list previous employers:

Assets

Home _____ Value: \$ _____ Owned? _____

Payment: \$ _____

Car _____ Value: \$ _____ Owned? _____ Payment: \$ _____

Motorcycle _____ Value: \$ _____ Owned? _____ Payment: \$ _____

Bank Accounts _____ Value: \$ _____ Owned? _____ Payment: \$ _____

Other: _____

Comments: _____

Expenses

Rent: \$ _____ Do you share? _____ % of Rent: _____

Food: \$ _____ Telephone: \$ _____ P.G.&E./other utilities: \$ _____ Living: \$ _____

Medicine: \$ _____ Insurance Premium: \$ _____ Medical Bills: \$ _____

Pet food: \$ _____

Comments: _____

Insurance

Name: _____ Type: _____ Policy # _____

Name: _____ Type: _____ Policy # _____

Employer insurance coverage: _____ Type: _____

Are you covered by another person's insurance? _____ \$ _____

Insurance coverage: Hospitalization: _____ Physician: _____

Comments: _____

_____ \

Resources

	Yes/No	Amount/Why Not
Unemployment Insurance	_____	_____
Social Security Disability - SSA	_____	_____
State Disability Insurance	_____	_____
Supplemental Security Income - SSI	_____	_____
General Assistance - GA	_____	_____
Veterans Administration - VA	_____	_____
Food Stamps	_____	_____
AIDS Emergency Fund - AEF	_____	_____
Positive Resource Center (was ABC)	_____	_____
Catholic Charities	_____	_____
CHIPS (S.F. AIDS Foundation)	_____	_____
Other: _____		

Your Contributions to Our Community

Are you a club member? _____ Name of Club: _____

How Long? _____ Status: _____

Club functions you have supported within the past three years:

1. _____
2. _____
3. _____
4. _____
5. _____

Other contributions to the community: _____

_____ Any other comments that you feel might affect this grant application:
