

**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: _____, CA Zip Code: _____

Phone: (_____) _____

Social Security # _____ California ID # _____

Residence in Bay Area: _____ Years _____ Months

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: (____) _____

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

Purpose: _____

Payee on Check: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone Number: (____) _____

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

Purpose: _____

Payee on Check: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone Number: (____) _____

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

Purpose: _____

Payee on Check: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone Number: (____) _____

Office Use

Check No. _____

Amount Approved

\$ _____

Check No. _____

Amount Approved

\$ _____

Check No. _____

Amount Approved

\$ _____

Check No. _____

Amount Approved

\$ _____

Financial Status

Employed? _____ Basic Salary: \$ _____ Weekly Monthly Other _____

Full-time Part-time If part-time, how many hours? _____

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.: \$ _____ Living: \$ _____

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

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: _____
