**The Benni Fund** was established in March 2020 to continue honor our former Executive Director Benni McMullen. The Benni Fund relies on donations for funding. Our goal is to assist as many women as possible, therefore we may need to cap the number and amount of monetary distributions.

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**NOTE: The Benni Fund policy is attached to and is part of this application.**

 **You must read and understand the policy before applying for assistance.**

* In order to be considered for assistance, you will need to answer every question; if the question does not apply, simply write N/A
* Please print clearly; **we will return incomplete or unreadable forms**
* All information is for internal use only and will not be shared
* Please indicate that you have read and understand the policy by initializing

 and dating here \_\_\_\_\_\_\_\_\_\_

* If you have any questions, please contact **Jackie at (207) 288-5008 or** **jackie@ywcamdi.org**

**REASON FOR REQUEST:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMOUNT OF FUNDING REQUESTED:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE NEEDED: : \_\_\_\_\_\_\_\_\_\_\_\_**

**HOUSEHOLD:**

Number of people currently living in your household, including yourself: \_\_\_\_\_\_\_\_\_

Do you have children living with you? (please circle one: YES NO)

If YES, what are their ages?

**EMPLOYMENT:**

Are you employed now? (please circle one: YES NO)

|  |  |
| --- | --- |
| Name and addressof current employer |  |
| Position held |  |
| How long in position |  |
| Weekly earnings |  |

**If you are not employed:**

|  |  |
| --- | --- |
| Name and address of last Employer: |   |
| Date last employed: |   |
| How long employed here: |   |
| Reason for leaving: |   |

Are you receiving unemployment benefits? (please circle one: YES NO)

Have you applied for unemployment benefits? (please circle one: YES NO)

If NO, please explain:

**OTHER INCOME:**

Do you receive any additional income to your household? YES or NO

If YES, what is the total monthly amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source:

*Please breakdown if receiving funds from multiple sources*

|  |  |
| --- | --- |
| Amount | Source |
| $ |   |
| $ |  |
| $ |   |

**OTHER BENEFITS:**

**Have you applied for any benefits** offered by your EMPLOYER, LOCAL BANK, or THE STATE? (please circle all that apply)

* If YES, which benefits?

**Did you receive any compensation**? If Yes, please list:

|  |  |  |
| --- | --- | --- |
| Date | Amount | Organization |
|   | $ |   |
|   | $ |   |
|   | $ |   |
|   | $ |   |

**Have you been denied benefits**?

* If so, by whom:

**Will you reapply**? (please circle one: YES NO) **Please explain**:

**MONTHLY EXPENSES:** *If the expense does not apply, simply write N/A*

|  |  |  |
| --- | --- | --- |
| Rent | $ |  |
| Utilities | $ | Have you applied for a deferment for any UTILITY? (YES or NO)  |
| Phone/Cell | $ | If YES, did you receive a deferment for any UTILITY? (YES or NO)  |
| Internet | $ |  |
| Groceries | $ | Have you been able to access food from a FOOD PANTRY? (YES or NO) |
| Vehicle | $ |  |
| Other | $ | Describe:  |
| TOTAL:  | $ |  |

**PLEASE LIST ANY SPECIAL CIRCUMSTANCES WE SHOULD KNOW:**

Thank you for reaching out to us. **How did you hear about The Benni Fund?**

**Have you previously received funding from The Benni Fund**? (please circle one: YES NO)

If YES, please list amounts and dates you have received.

|  |  |  |
| --- | --- | --- |
| Amount | Month | Year |
| $ |   |   |
| $ |   |   |
| $ |   |   |

***By signing below, I certify all information is true and correct to the best of my knowledge.***

Signature Date

*(For internal use only)*

Before sending, please look over the application and be sure that you have answered each question.

**Unreadable or Incomplete applications will be returned**, which may delay distributions of funds.

When you have COMPLETED and SIGNED the application:

* *Mail to* YWCA MDI, 36 Mt Desert St., Bar Harbor, ME  04609 *or*
* *Scan completed application and email to* jackie@ywcamdi.org

**Mission and Scope**

The YWCA of Mount Desert Island (“YWCA MDI”) established the Benni Fund (“the Fund”) in memory of our former Executive Director Benni McMullen to offer financial assistance to eligible females living in Hancock County, as far East as Cherryfield in Washington County, and as far west as Belfast in Eastern Waldo County (“Applicant”) who are experiencing a financial hardship.

**Accountability and Sanctions**

Applicants are expected to read and understand this Policy, and to seek answers or clarification whenever needed by contacting Jackie Davidson, Executive Director jackie@ywcamdi.org. Instances of noncompliance or subversion of this Policy may result in denial of application for assistance.

**Responsibility**

Applicants are expected to follow the instructions in applying for assistance and provide the required documentation in a timely manner. Applications must be completed in full by the applicant. Failure to complete the application and provide the necessary documentation may result in a denial of funds. Any awards are confidential, and recipients are required to keep the outcome of their application confidential.

**Policy Statement**

**Eligibility**

The Fund is established to support females living in Hancock County, Western Washington County, and Eastern Waldo County who are experiencing financial hardship in which the Applicant is unable to pay for necessities such as heating oil, electricity, etc. Temporary financial hardship means the Applicant was able to manage their finances before the hardship and, with assistance from the Fund, could regain financial stability within a couple months. Applicants with long-term financial issues, who do not meet the temporary financial hardship requirement, will be referred to alternative resources (e.g., DHS, Pine Tree Legal, etc.).

This is not an all-inclusive list and submissions will be considered on a case-by-case basis; examples of eligible expenses include, but are not limited to, utilities (e.g., electricity, heating oil), housing, food, transportation to work, etc. Non-essential bills such as gifts for others, credit card accounts, taxes, fines, etc. may not be considered for payment.

**Disbursement of Payment**

* All Fund disbursements are subject to the availability of funds and extent of documented need. Because the Fund is supported solely by donations, there is no guarantee that there will be available funds at a given time.
* The financial assistance disbursed is limited to $500.00 to an applicant during any 18-month period.
* Whenever possible, funds will be disbursed directly to a vendor (utility company, landlord, etc.). Any exceptions will be reviewed on a case-by-case basis.
* If application is approved, it is the responsibility of the applicant to obtain a W-9 form from the vendor and provide to the Executive Director, YWCA MDI.

**Administration**

The Benni Fund Committee will be responsible for management of the Fund. The Executive Director or their designee will maintain appropriate records to show that payments further the Fund’s purpose and that the recipients of funds are needy or distressed in the manner described in this Policy. Generally, documentation will include:

* A complete description of the assistance provided;
* Costs associated with providing the assistance;
* The completed application for disbursing financial assistance to each recipient; and
* The name, address, and amount disbursed to each recipient

The Benni Fund Committee will review applications as soon as practical after receipt of an application and will conduct an assessment on a case-by-case basis of need by carefully reviewing each application and all required documentation/receipts, etc. In general, and assuming applications are complete when received, The Benni Fund Committee will issue a decision. All decisions shall be confidential, and in compliance with The YWCA’s non-discrimination policies. The Benni Fund Committee’s decision is final and not subject to appeal.

**Donating to the Fund**

Anyone may donate to the Fund by cash, check, or credit card on the YWCA MDI website ([www.ywcamdi.org](http://www.ywcamdi.org). Click on “The Benni Fund” found in lower right corner of the home page, then click on “donate”) Please note that these donations are tax deductible. Donations cannot be earmarked for specific individuals.

**Applying to the Fund**

* Applicant must complete the Benni Fund application (if applicant is unable to complete, please contact jackie@ywcamdi.org for assistance) which is found on YWCA MDI website ([www.ywcamdi.org](http://www.ywcamdi.org). Click on “The Benni Fund” found in lower right corner of the home page) and submit to jackie@ywcamdi.org. All decisions will be based solely on the information submitted with the application.
* Approval of applications is subject to availability of funds, extent of need, and satisfactory completion of the application.
* Information provided by Applicants will be treated as confidential and shared only with individuals directly involved in Fund administration and payment processing.
* The Benni Fund Committee may request additional information or documentation from an Applicant before making a decision. The Applicant will be given two (2) weeks to provide the requested information or to explain why it cannot be provided. If the Applicant does not respond to the request, the application will be deemed withdrawn.

**Questions**

Questions about this policy should be directed to Jackie Davidson, Executive Director jackie@ywcamdi.org.