

EMERGENCY HARDSHIP GRANT

GRANT APPLICATION INSTRUCTIONS

The Key Biscayne Community Foundation provides assistance to Miami-Dade County residents who can show financial difficulty which is unexpected and beyond their control. Assistance is intended for those qualified recipients who have experienced true emergencies, disasters, medical crises, or other personal hardships and tragedies which require a measure of temporary financial relief. Any Miami-Dade County resident is eligible to apply for assistance.

GRANT RANGE & LIMITATIONS

Financial hardship grants to individuals range from \$250 up to \$2,500. Once a grant decision is made by the Foundation, the financial hardship grant application will not be reviewed or considered additional times unless there is significant new and specifically relevant information.

REVIEW PROCESS

Grant applications are reviewed by the Key Biscayne Community Foundation's grant committee on a monthly basis. Applications can be submitted at any point via the button below. Applications are reviewed on a monthly basis, and applications received after the 10th of each month will be reviewed that month.

REQUIRED DOCUMENTATION

Documentation will be requested from each applicant to confirm the financial expense in which the applicant is applying for assistance, which includes proof of financial need or hardship, and/or any other documentation needed to complete the application process.

Please note: Our hardship grants are not intended to provide long-term, continuous relief. The applicant bears the burden of sufficiently documenting the hardship. Based upon the available information provided, the Foundation Board of Directors or their designee(s) will determine the grant amount and must approve all hardship grants. Every case depends on the facts and circumstances peculiar to that case, and is defined by the totality of the circumstances. The hardship grant information and any further information requested will be for the sole use of the Board of Directors, or their designee(s), and will be retained in the strictest confidence. While all emergencies and financial hardships are unfortunate, incidents outside of program guidelines cannot be approved.



EMERGENCY HARDSHIP GRANT APPLICATION

General Instructions

Answer all questions. Leave no blanks. Please type or print neatly in black ink. Incomplete applications will not be accepted.

PERSONAL INFORMATION

Name	Phone	
Email Address		
Permanent Home Address		
	State Zip	
Date of Birth	Are you a Miami-Dade County Resident?	
Who referred you to this grant?		
Are they a resident of, or employe	e on, Key Biscayne?	
Referrer's Phone	Referrer's Email	
FINANCIAL INFORMATI	ON	
Total Annual Income	Estimated Total Expenses for Current Year	
ASSETS		
Investments (\$)	Savings Account(s) (\$)	
Other (\$)		
Are you receiving assistance from	any other source?	
Please explain (loan, family, etc.) _		



YOUR NEED

Have you experienced the economic hardship in the past (6) months?_____

Please describe your financial need and the special circumstances which created the financial difficulty.

ATTACHMENTS

Please attach/include all of the following items with your application.

- Your most recent tax return •
- Two (2) most recent conservative pay stubs •
- Two (2) Letters of Reference. If the hardship is medically related then one Letter of Reference from a medical professional (doctor, physical therapist, occupational therapist, etc.) - The letter must be on letterhead and must be signed by the professional.

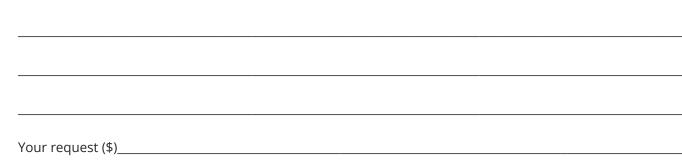
AUTHORIZED CERTIFICATION

My signature below is to certify that all of the information reported in this application is true and correct to the best of my knowledge.

Signature of Applicant

Signature of Parent or Guardian (If applicant is a minor)

Date



Date