Be the Light (IA) Funding Request

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| FULL Name: Email: |
| Address: Phone: |
| Provide a brief description of situation: |
| Funding Need: (Health, school, home, utilities, holiday, etc.) |
| Service provider/Vendor for payment: Amount Requested |
| What other funding resources have been explored (i.e. T19, Private insurance, Food bank, other community resources)? Please explain in detail (REQUIRED): |
| Name of referral/How did you hear about Be the Light (IA)? |
| Release of information statement: I understand that protected information is being released to Be the Light (IA) and hold harmless the Board of Directors and friends of Be the Light (IA). I authorize the release or exchange of relevant information among agencies for the purposes of coordinating services and possible payment. I understand that Be the Light (IA) is not responsible for any payments or gifts and application does not guarantee assistance. I will be notified by email when such payment or gift(s) has been distributed.  Signature and date: |