

## **The Bryant Estate Fund**

***“Dr. Simril F. Bryant, Emily W. Bryant, Simril F. Bryant, Jr. Fund for the Poor” First Presbyterian Church***

### **The Mission**

The mission of the Bryant Estate Fund at First Presbyterian Church as designated by the estate of Emily P. Walker Bryant is to assist “only the poor of Tuscaloosa County” where resources from existing social service agencies are unable to meet the needs of those who live or work within the county.

### **Application for Funds**

The Bryant Estate Fund is open to all persons living or working in Tuscaloosa County regardless of race, color, religion, nationality, sex, age, disability, citizenship, veteran status, or sexual preference. Applications for financial assistance from the Bryant Estate Fund must be made through an existing social service agency (501c3) in Tuscaloosa County. Funds are distributed directly to the providers of the goods or services requested in the application. Funds are never distributed to individuals. All applications are the responsibility of the session of First Presbyterian Church, the Tuscaloosa County Mission Committee, and the Allocation Committee.

### **Allocation of Funds**

Policies of the Bryant Estate Fund are established by the Tuscaloosa County Mission Committee of First Presbyterian Church at the discretion of the Church Session. The Tuscaloosa County Mission Committee determines annually the amount of funds to be distributed to applicants and appoints representatives to the Allocation Committee. The Allocation Committee, a sub-committee of the Tuscaloosa County Mission Committee, approves applications as they are determined to uphold the will of the Bryant Estate, the mission of First Presbyterian Church, and the financial viability of the Bryant Fund Account. The Allocation Committee is made up of 5 members who serve renewable one-year terms: two (2) representatives from the Tuscaloosa County Mission Committee, one (1) at-large representative from the congregation, and two (2) representatives of social service agencies within Tuscaloosa County. Responsibilities for the Allocation Committee include:

1. Reviewing **completed** applications for funding from social service agencies in Tuscaloosa County.
2. Referring applicants to existing resources for assistance where duplication may occur.
3. Allocating funds by majority vote and submitting check requests to church business office.
4. Keeping records of persons served and funds distributed.
5. Seeking resources for those in need in the community, determining the greatest needs of the poor in the community, and encouraging agencies to seek out ways to resolve unmet needs.

## **Submitting an Application**

**All** applications for financial assistance **must be referred** through a recognized social service agency. Only **completed** applications will be considered. Applications will include 1) a letter describing the circumstances creating the need, 2) a completed “Financial Assistance Application” form, 3) a completed “Release of Confidential Information” form, and 4) **all** billing information regarding payment to provider of requested goods or services.

The Allocation Committee is devoted to respond to applications as quickly as possible so needs may be met in a timely fashion. Any funds approved by 4:00 p.m. on Tuesday will be made available by noon the following Friday. Due to this quick turnaround, **all incomplete applications will not be considered.**

## **Eligibility for Application**

1. All needs for assistance must result from ***unexpected circumstances*** such as loss of employment, accident, illness, or other atypical event.
2. All requests for funds must fall outside the scope of traditional service providers.
3. Those who have already received Bryant Estate Fund Assistance are ineligible.
4. Funds are **not** available for the following requests: catastrophic medical bills, burial services, improvements to rental property, new construction, or repairs that require a work permit.
5. A portion of the Bryant Fund Estate is set aside for utility bills and made available until depleted. However, funds will **not** be used for telephone service beyond medical necessity, reconnection fees/payment penalties, or for residence not presently occupied by the applicant.
6. All requests for employment related needs must be accompanied by a letter from the employer.
7. Any requests where partial payment may assist the applicant in stabilizing their economic situation, smaller payments may be made.
8. The Allocation Committee will work with providers on reducing or extending payments where such requests may allow applicants to stabilize their economic situation.

## **Contact Information**

All **completed applications** or correspondence should be mailed, emailed or personally delivered to:

**First Presbyterian Church c/o  
The Bryant Fund  
900 Greensboro Avenue  
Tuscaloosa, Alabama 35401  
Phone: (205) 752-3531    [jjoiner@fpctusc.org](mailto:jjoiner@fpctusc.org)**

## The Bryant Estate Fund at First Presbyterian Church

### Financial Assistance Application

#### **Applicant Info** (to be filled out by applicant):

Applicant's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Street Address (Street, City, Zip) \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Applicant's Mailing Address (if different) \_\_\_\_\_

Applicant's Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

#### Additional Working Members in Household:

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_

#### Non-Working Members in Household:

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

How Long? \_\_\_\_\_

#### **Referral Info** (to be filled out by Referring Agency):

Referring Agency \_\_\_\_\_ Submission Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Agency Address (Street, City, Zip) \_\_\_\_\_

Referring Agency Contact Person \_\_\_\_\_ Job Title \_\_\_\_\_

Referring Agency Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

In an attached letter, please provide a complete summary of the applicant's need and current circumstance by which the need has been encountered. This letter will be the primary information used to determine funding.

Total amount applied for \$ \_\_\_\_\_ (Attach all bills/estimates to support request)

If approved, check should be made payable to \_\_\_\_\_

Income	Amount	Expenses	Amount
Employment	\$	Rent / Mortgage	\$
Social Security	\$	Utilities	\$
SSI Disability	\$	Phone	\$
TANF	\$	Internet	\$
Utility Allowance	\$	Cable	\$
SNAP	\$	Car Payment	\$
Child Support	\$	Car Insurance	\$
Alimony	\$	Health Insurance	\$
Housing Assistance	\$	Medical Expenses	\$
Other (Specify)	\$	Other Loan Payments	\$
		Credit Card Payments	\$
<b>Total</b>	\$	Childcare	\$
Minus SNAP	\$	Other Transportation	\$
Minus Housing Assistance	\$	Groceries / Dining	\$
<b>Total "Cash" Income</b>	\$	<b>Total Expenses</b>	\$

Total "Cash" Income \$ \_\_\_\_\_

Minus Total Expenses \$ \_\_\_\_\_

= Available Funds \$ \_\_\_\_\_

Please submit complete application (cover letter, application form, confidentiality form, and bills/ payment information) to *First Presbyterian Church, c/o The Bryant Fund, 900 Greensboro Avenue, Tuscaloosa, AL 35401, Email [jjoiner@fpctusc.org](mailto:jjoiner@fpctusc.org), or Phone (205)752-3531.*

**THE BRYANT ESTATE FUND**

**RELEASE OF CONFIDENTIAL INFORMATION**

*This release must accompany any Financial Assistance Application*

*I/We authorize the release of all information as requested by the Bryant Estate Fund to determine assistance. I/We also authorize the Bryant Estate Fund to release any information to other agencies and vendors to reach a determination of my request.*

All information provided on this Financial Assistance Application is complete and correct to the best of my/our knowledge.

_____	____/____/____	_____
Client Signature	Date	Printed Name
_____	____/____/____	_____
Client Signature	Date	Printed Name
_____	____/____/____	_____
Witness Signature	Date	Printed Name

This release will automatically expire in 90 days from the date of application.

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