



Dear Community Member,

Thank you for your interest in the Quaboag Hills Community Coalition's Community Fund. Enclosed please find an application for the fund and program guidelines.

Once you submit your complete application and all supporting documentation, we will review your submission within 24 business hours. We will contact you within 3 days to let you know if you will receive funding. If awarded funding, payment will be sent to the vendor within 5 days. If you have any questions or would like assistance with the application process, please contact us at:

If you live in Brimfield, Holland, Monson, Palmer, or Wales, please contact Torey Carter at vcarter2@springfieldcollege.edu or (413) 455-0001.

If you live in Belchertown, Brookfield, East Brookfield, Hardwick, New Braintree, North Brookfield, Spencer, or West Brookfield, please contact Paula Kularski at (413) 262-7103.

If you live in Ware or Warren, please contact Maire Bresnahan at mbresnahan@townofware.com or (413) 967 9600

Thank you for your interest in the Community Fund.

Sincerely,

The Quaboag Hills Community Fund Committee



Program Guidelines

The purpose of the fund is to provide financial assistance to individuals or households in the Quaboag Hills region that need urgent financial assistance. Examples of types of assistance include (but are not limited to):

- To avoid eviction
- Car repairs
- To leave a dangerous living situation
- Heating costs
- Medical expense
- Legal expenses
- Funeral costs

Eligible applicants must live in one of the 15 towns of the Quaboag Hills region. Those towns are divided among three areas.

Springfield Metro Area

Belchertown
Brimfield
Holland
Monson
Palmer
Wales
Ware

Worcester Metro Area

Brookfield
East Brookfield
North Brookfield
Spencer
West Brookfield

Western Worcester Metro Area

Hardwick
New Braintree
Warren

Applicants' gross (before taxes) annual household income must fall below the limits for the area in which they live (please see above to determine your area):

<i>Household Size</i>	<i>Gross Annual Income</i>		
	Springfield Metro	Worcester Metro	Western Worcester Metro
1	\$47,150	\$55,350	\$48,950
2	\$53,850	\$63,250	\$55,950
3	\$60,600	\$71,150	\$62,950
4	\$67,300	\$79,050	\$69,990
5	\$72,700	\$85,400	\$75,500
6	\$78,100	\$91,700	\$81,100
7	\$83,500	\$98,050	\$86,700
8	\$88,850	\$104,350	\$92,300

Applicants should apply to other applicable area funds before applying to this fund. A household may only receive assistance once in a 12-month period. The maximum amount of funding that will be awarded is \$500.00. If the amount of funding needed is more than \$500, funds will not be provided until all needed funding is secured. The Quaboag Hills Community Fund will provide a commitment letter while the other funds are being secured. Payments will only be made directly to the vendor the expense is due to. Payments will not be made directly to the applicant. Program guidelines may be amended or waived at any time by the Community Fund Committee. Eligibility and approval for funding will be at the sole discretion of the Community Fund Committee.



Program Application

Please read the program guidelines before completing application.

Name: _____ Pronouns: _____

Address: _____

Mailing Address: _____

If different than above

Phone: _____ Email: _____

Please provide the best number to reach you

Preferred method of contact (please circle one) Phone Email

How many people live in your household? _____

What is your household's gross annual income (before taxes)? _____

Has your household's income been affected by COVID-19? If yes, please explain:

How much assistance are you requesting? (\$500 maximum) _____

If approved, what vendor should we send payment to? Please include name, address, and phone number of the company: _____

Please explain what you need the financial assistance for and why you need the assistance (please provide as much detail as possible. Please use extra page if necessary):

Have you applied for assistance with this expense anywhere else? If so, where? Were you awarded the funding? If yes, how much? _____

The Community Fund has received funding designated for racial minorities. Please indicate if this applies to you: Yes _____ No _____

Please submit the following documentation along with your application:

- Documentation of expense that you are requesting assistance for (examples include eviction notice, car repair bill, electric bill, etc.)
- Documentation showing the expense requested is for the applicant (i.e.-if the funding request is for car repairs, provide documentation that the car belong to the applicant.)
- Proof of residency (a copy of a utility bill to your current address)
- Documentation of income must be provided (Recent pay stub, last year's tax return, etc.). If you have been income-verified by another agency, please provide documentation. For example, if you receive SNAP benefits or live in subsidized housing, documentation of that will be sufficient to verify your income.
- All information necessary to send payment to vendor including account number (if applicable) and name and mailing address of vendor.
- Copy of ID

Your contact person is dependent on what town you live in.

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If you live in Ware or Warren, please contact Maire Bresnahan at mbresnahan@townofware.com or (413) 967 9600

Please submit your application and supporting documentation to the appropriate person listed above. Also, please contact them with any questions.

The Quaboag Hills Community Coalition prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact Torey Carter at (413) 455-0001 or vcarter2@springfieldcollege.edu.

I understand that the information given in this application will be used only to determine eligibility for this program and will otherwise be treated as confidential. All statements in this application are true, accurate, and complete to the best of my/our knowledge and belief.

Signature

Date

Funding for this program is provided by:



United Way
of Hampshire County



THE BEVERIDGE FAMILY
FOUNDATION, INC.

