



## **Flick Emergency Medical Fund Grant Application**

The Flick Emergency Medical Fund was established by Kevin and Mindy Flick to support families and individuals facing hardship due to a medical emergency or crisis. This grant would specifically help relieve the financial burden of medical or living expenses for these families or individuals.

The Flick family was inspired by the care and support they received from their church community, which raised funds to help their family during a medical crisis. The Flick Emergency Medical Fund was established by the Flick family because they understand how the support from a faith community can make a difference in improving quality of life during a difficult time. This fund will help individuals and families cover medical or living expenses to help relieve the financial burden for those experiencing a medical emergency or crisis.

This grant application must be completed and submitted by a church or faith-based organization (that qualifies as exempt under the Internal Revenue Code as 501(c)(3)) on behalf of a family or individual experiencing a medical emergency or crisis. Eligible funds include, but are not limited to, medical expenses, housing and utility payments, transportation costs, food, and other living expenses, etc.

Monroe County applicants from the Evangelical Community Church in Bloomington and families with dependent children will be given priority. If no eligible applicants are found in Monroe County, applications will be accepted from surrounding counties (Owen, Morgan, Brown, Lawrence, Greene). Applications will be accepted on a rolling basis. Applicants are encouraged to contact Program Director Marcus Whited prior to submitting to determine if funds are available.

### **REFERRING RELIGIOUS ORGANIZATION INFORMATION**

**Date of application:**

**Organization Name:**

**EIN Number:**

**Street Address:**

**City, State, Zip Code:**

**Name and Title of Contact Person (please print):**

**E-Mail Address of Contact Person:**

**Phone No:**

**Cell Phone No:**

PLEASE DESCRIBE YOUR ORGANIZATION AND ITS RELATIONSHIP TO THE RECOMMENDED FAMILY OR INDIVIDUAL:

**FAMILY OR INDIVIDUAL INFORMATION**

**Name of Family or Individual:**

**Family or Individual Street Address:**

**City, State, Zip Code:**

**Family or Individual Phone No:**

**Cell Phone No:**

**Please list the name and age of the individual facing the medical emergency or crisis. Please also list the names and ages of any affected immediate family members living in the same household.**

**Please share a little about the family or individual's medical emergency or crisis and its impact on the family or individual. Please include a statement from a treating physician verifying the medical emergency or crisis with this application. If the family member passed away, please include when this occurred.**

**Please outline the medical and/or living expenses for which the family or individual needs financial support, including the type of expenses and detailed costs. Attach related documentation to this application (i.e. copies of bills, receipts, invoices, etc.).**

**Total Amount Requested\* \$ \_\_\_\_\_**

*\*(Grants may be from \$100 - \$500 for each family. Grants may be used to cover related medical or living expenses. Examples may include but are not limited to medical bills, medical equipment, rent payments, utility bills, transportation, and food costs.)*

**By signing this application, the granted religious organization agrees, if this request is selected for funding, to distribute grant funds only to the recommended family or individual for expenses outlined in this application.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SEND APPLICATION AND DOCUMENTATION BY EMAIL TO:**

**Marcus Whited  
Program Director  
Community Foundation of Bloomington and Monroe County, Inc.  
[marcus@cfbmc.org](mailto:marcus@cfbmc.org)**

**OR BY MAIL TO:**

**Marcus Whited  
Community Foundation of Bloomington and Monroe County, Inc.  
100 South College Avenue, Suite 240  
Bloomington, Indiana 47404**

**Please make a copy of this application for your organization's records.**