

SALINA WOMEN HELPING WOMEN GRANT APPLICATION  
AN endowment with the Greater Salina Foundation

Name: \_\_\_\_\_ Picture ID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Estimated amount needed: \$ \_\_\_\_\_ (attached a written estimate or other documentation)

Why do you need the grant and how will you use it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Name (if applicable): \_\_\_\_\_ Vendor EIN# (required) \_\_\_\_\_

Notes:

- a. The agency where you submitted your application will determine if your request is appropriate for a Women Helping Women grant.
- b. If you have not heard from that agency within one week, please give them a call.
- c. If Women Helping Women can help, they will write the check directly to the business that will fulfill your need.
- d. If your grant is approved, we hope that you will someday be able to help someone else through the Women Helping Women program.

Please note – Women Helping Women does not make grants for:

- a. Rent or utilities
- b. Any need that is the result of poor decision-making (such as traffic tickets, bail bonds, restitution payments).
- c. Any need that can be met by another community agency.

Agency use only: (check one)

Ashby House \_\_\_\_\_ DVACK \_\_\_\_\_ SRS \_\_\_\_\_  
Emergency Aid-Food Bank \_\_\_\_\_ Catholic Charities \_\_\_\_\_

Is the application currently receiving financial assistance from another agency? Yes  No

If yes, please share what agency and what kind of assistance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other agencies that can help with this request? Yes  No   
If yes, what agency(s) did you contact?

\_\_\_\_\_

Why was the other agency(s) not able to assist this applicant?

\_\_\_\_\_

Describe the living situation of client: (children and ages, other adults, anyone else working in the household?)

\_\_\_\_\_

\_\_\_\_\_

Print name of agency staff: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of agency staff: \_\_\_\_\_ Date: \_\_\_\_\_

**Women Helping Women use only:**

Name of vendor: \_\_\_\_\_ Date vendor contacted \_\_\_\_\_

Date Women Helping Women notified referring agency: \_\_\_\_\_

Amount granted and for what \_\_\_\_\_

Name of Committee member: \_\_\_\_\_

Signature of Committee member: \_\_\_\_\_ Date: \_\_\_\_\_



## Client Consent and Release of Information

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to \_\_\_\_\_ (Agency Name) to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- All agencies that use MAACLink will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance.
- My information may be shared with a third party (utility provider, landlord, etc) in order to process the service I have requested.
- I have the right to a printed copy of my MAACLink file.

(Optional) Check this box to give consent for your photo to be uploaded to MAACLink.

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Client Name (Printed)

Client Signature

Date

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Agency Representative Name (Printed)

Agency Representative Signature

Date

*Each MAACLink agency will require you to sign this form at least annually. If after you sign this form you decide you no longer would like your information entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on \_\_\_\_\_ or one year from the date you sign and date this form.*