

BME Grant Program 2011/12

Purpose: *The purpose of the BME Granting Program is to provide purchase opportunity to those households which need financial assistance. Materials available are limited to items of need, as defined by the BME and grantor. All grants are based upon income and materials requested. Material grants are available to those household which meet the income guidelines, provide income verification and proof of home ownership. Application must be completed and approved by BME. BME retains discretion as to uses of funds pertaining to the grant and availability of product. Grants are not provided at 100% of BME retail value. Client is responsible for 20% to 50% of total sales value. Not all applicants are approved. Limit one grant per household annually.*

Application Criteria

Betterment Fund

20K

Description: General household repair

Maximum Grant: \$600.00

Client Contribution: 20% to 50% of gross sale

Income Guideline

# in Household	Income
1	\$21,000
2	\$26,000
3	\$31,000
4	\$36,000
5	\$41,000
6	\$46,000

People's United Grant

7.5K

Description: Home weatherization, code improvements

Maximum Grant: \$500.00

Client Contribution: 20% to 50% of gross sale

Income Guideline

# in Household	Income
1	\$14,500
2	\$18,500
3	\$22,500
4	\$26,500
5	\$30,500
6	\$34,500

Fisher Charitable Foundation

2.5K

Description: Home weatherization, code improvements

Maximum Grant: \$150.00

Client Contribution: 20% to 50% of gross sale

Income Guideline

# in Household	Income
1	\$14,500
2	\$18,500
3	\$22,500
4	\$26,500
5	\$30,500
6	\$34,500

Simmons Foundation

5.0K

Description: Home weatherization, code improvements, general household repair

Maximum Grant: \$60.00

Client Contribution: 20% to 50% of gross sale

Income Guideline

# in Household	Income
1	\$14,500
2	\$18,500
3	\$22,500
4	\$26,500
5	\$30,500
6	\$34,500

BME Grant Application

Name _____

Address _____

City _____

State _____

Phone _____ Email _____

Annual Income _____

Number of residents in household _____

Are you a home owner? Yes No

BME member Yes No

Employment _____

Social Services Provided _____

Products Required

Weatherization Exterior Door Insulation Roofing

Interior Door Windows Heating/ AC Flooring

Paint/ Stain Appliance Lumber/ Plywood Stair/ handrail

Please provide a brief explanation of need.

I hereby attest all information provided information is true. All materials requested are to be used on my primary dwelling and will not be sold, bartered or traded. BME is permitted to visit my primary dwelling to review the installation of materials granted. All materials granted will be used within a 6 month period of receipt. BME is permitted to take pictures of work performed to provide required feedback to grantor.

Grantee _____

Date _____

BME Verification

Proof of income verification **Yes** **No**

Proof of Homeownership **Yes** **No**

Product or Product requested

Grant program allocated _____ -

Amount of Funds allocated _____

Special notes

BME Representative

Signature _____

Date _____