

# Billy Foundation BESF Policies and Guidelines

As modified July 21, 2013

## Billy Emergency Support Fund Guidelines:

### What is the Billy Emergency Support Fund?

A confidential resource established by The Billy Foundation in 1992 to provide emergency financial support.

### Who is eligible for assistance?

Any Billy in the Billy community who has attended at least one gathering. HIV+ non-Billys who reside in Mendocino, Southern Humboldt and Lake Counties may apply through their case management agencies. **All applicant income must be less than \$1,475 per month. Any partner/spouse in come must also be less than \$1,475 per month.** Documentation required: a benefits letter/pay stub (or other proof of income) for you and your partner/spouse.

### BESF Cut-off for non-Billys:

We set a reserve level in the Billy Emergency Support Fund so that if it should get down to \$1,500 the fund would be available only to Billys. (2/4/96 Board Meeting - Majority vote)

### How much money can be requested and how often?

Assistance will be provided to a given individual only once in any three month period. The maximum amount per person per application is \$1,000. The maximum amount any one person can receive during a one-year period is \$1,000, with a lifetime cap of \$1,000. **Payments will be made only to the third parties for services rendered. Payments are not made directly to applicants.** Individuals can reduce charges against their lifetime cap by making donations back to the Fund at any time.

### How can Billy Emergency Support Fund moneys be used?

- 1) Housing Assistance: This assistance is provided only twice yearly per individual applicant. Documentation required: a copy of rental agreement with landlord's mailing address or original mortgage coupon stating payment due.
- 2) Utilities Assistance: This assistance is provided only twice per year per utility for each individual once it has been determined that no other sources of payment are available. Reconnection fees are eligible costs, but deposits are not. Documentation required: For non-metered utilities (e.g., propane, firewood): receipts/invoices for fuel. For metered utilities (e.g., electricity, water): original utility bill.
- 3) Transportation Assistance: For vehicles owned by the applicant, a qualified mechanic in your area will be contacted to service your vehicle.
- 4) Medical Assistance: For medicines or medical expenses not covered by other sources. Documentation required: referral and/or prescription from physician/health practitioner.
- 5) Other Assistance: For necessary expenses not in other designated categories. Submit a detailed explanation of need and any relevant documentation. \$500 maximum per person per year. Processing requests in this category will require extra time.

### Who administers the fund?

A three-person committee, two from the Billy community and one Billy Board member, review applications, verify information in a confidential manner, and determine grant amounts. **Processing of applications may take 7-10 days.**

Please submit your application and supporting documentation materials to:

Billy Emergency Support Fund  
PO Box 12205  
Santa Rosa, CA 95406-2205

## BILLY EMERGENCY SUPPORT FUND REQUEST

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE : \_\_\_\_\_ BIRTH DATE : \_\_\_\_\_

Living Situation:  Alone  Partner/Spouse/Family  Relatives  Roommate/Friend  
 Homeless

How many in the home?  Are expenses shared? Yes/No Your income? \_\_\_\_\_  
Other income? \_\_\_\_\_

I would like a check in the amount of \$\_\_\_\_\_ issued to the following third party:

Check made out to: \_\_\_\_\_  
Complete Name \_\_\_\_\_  
and Address \_\_\_\_\_  
Account # (if any) \_\_\_\_\_

Checks are issued under the name of The Billy Foundation. If, due to confidentiality concerns, you require a bank check, please note in explanation.

Type of Assistance:  HOUSING  UTILITIES  TRANSPORTATION  MEDICAL  OTHER

Please describe reason for the request and documentation provided (attach additional page(s) if needed:

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

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**FOR BILLY OFFICE USE ONLY:**

Case Manager/Agency/Contact: \_\_\_\_\_

Original bill: Yes/No      Proof of Residency: Yes/No      Previously Funded? \$ \_\_\_\_\_

Non-Billy Funds Available? Yes/No

Comments:

Request Approved: Yes/No      Amount of Assistance: \_\_\_\_\_      Date: \_\_\_\_\_