



Benevolence Request Form

Team Sharing is committed to supporting charitable endeavors that are consistent with its mission to provide grief support in connection with the opioid addiction and/or substance use disorder. When Team Sharing Inc. assists individuals, the IRS requires Team Sharing Inc. to keep certain records on individuals the nonprofit has helped. This form should be filled out each time Team Sharing Inc. helps an individual financially. This confidential form will be kept with Team Sharing's Inc. financial records.

Date _____

Name of Applicant _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Brief description of assistance requested _____

Was the assistance granted and reason: _____

How was transaction paid and to whom: _____

Cost of the assistance: _____

Relationship to Team Sharing Inc. or Board Members: _____

If the applicant was related, did the applicant receive special treatment? _____

Benevolence Committee Members: _____

Applicants for financial assistance are awarded financial assistance based on financial need. Applicants are not granted financial assistance based on relationships between the applicant and the board members. Team Sharing, Inc. does not discriminate applicants based upon race, color, sex, national origin, age, geographic territory, or disability. All contributions to Team Sharing go to the general fund, donations earmarked specifically for an individual or family are not allowed.

Team Sharing, Inc benevolence committee may provide short-term assistance, or longer depending on the need. The preferred method of providing assistance will be to pay the applicant's needs directly to a business provider. The type of aid that is appropriate depends on the individual's needs and available resources.