

New York Bicycle Messenger Foundation



a nonprofit corporation serving the bicycle messenger community

1945 Pacific Street, Brooklyn NY 11233

email: info@nybmf.org

Injury Grant Application

NYBMF Mission Statement

The New York Bicycle Messenger Foundation was established in 2003 as a federal and state not for profit 501(c)(3) corporation. Its mission is to provide aid and financial assistance to bicyclists and pedestrians who are injured on our city streets. This aid may be in the form of either funding for health care and rehabilitation for the injured party or direct financial assistance to those in need of these funds while they recover from their injuries. The NYBMF also provides capital funding for programs that directly involve the messenger community. Along with these primary purposes, the NYBMF strives to unify the bicycle courier community, helping achieve our charitable goals.

Section I – Personal Information

Last Name:

First Name:

Address:

City:

State:

Zip Code:

Are you a citizen or lawful permanent resident: Yes No

If yes:

SSN:

Social Security Number

If no:

EAD No.:

Employment Authorization Document Number

Tel. No.:

e-mail:

Section II – Status

Are you a bicycle messenger? Yes No

If YES, then how long have you been a messenger?

If you are not a bicycle messenger, then you are:

Cyclist (specify):
 Commuter
 Food Delivery
 Other (explain)

Pedestrian (specify):
 Walking Messenger
 Commuter
 Other (explain)

Section III - Messenger Employment

Employer' Name:

Company contact (include tel. no.)

Were you working at the time of your accident: Yes No

If yes, did you file for workman's compensation: Yes No

If you did not file for workman's compensation, what were the reasons for not filing:

Did you file for disability: Yes No

If you did not file for disability, what were the reasons for not filing:

Section IV – Accident Report

Explain the circumstances of your accident (include time, place, and a complete scenario). Also, attach a copy of the police report. You may use a separate sheet to complete this section.

If your accident involved a motor vehicle, are you filing a claim under the “No Fault Law”: Yes No

Section V – Injury Report

Briefly describe your injuries (include hospital stay, outpatient treatment, etc.). You may use a separate sheet to complete this section and you do not have to submit medical reports:

Section VI – Financial Information

How much funding are you applying for: \$

Do you have medical insurance: Yes No

If no, how are you paying for your medical treatment:

How many lost workdays did/will your injuries cause:

Are you involved in a lawsuit connected with this incident: Yes No

Do you require legal assistance in connection with this incident: Yes No

List your projected income while you are not working. (Include: workman’s compensation, disability, no fault insurance, temporary work, fundraisers, etc.)

Income Source	Amount \$ per week

Section VII – Additional Information

How did you find out about the NYBMF:

Any additional information:

Signature:

Date: