

# New York Bicycle Messenger Foundation



a nonprofit corporation serving the bicycle messenger community

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303 West 42 Street, Suite 316, New York NY 10036

email: [info@nybmf.org](mailto: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:**