



DISASTER RELIEF FUND

Application for Grant



PERSONAL INFORMATION

MEMBER ID #: _____ DATE: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ TAX ID/SS NUMBER: _____

WORK PHONE: (____) _____ EMAIL ADDRESS: _____

EMPLOYMENT INFORMATION

LOCAL CHAPTER	SCHOOL DISTRICT	DATE OF HIRE
POSITION/JOB TITLE	BUILDING/SITE	
ASSOCIATION CONTACT PERSON	CHAPTER ADDRESS	

GRANT REQUEST INFORMATION

\$ _____ **Standard Grant** - Please provide amount requested (up to \$1,500) of your significant economic hardship.

\$ _____ **Catastrophic Damage Grant** - Please provide amount requested (up to \$1,500) of your significant economic hardship. Attach substantiation of damages in excess of \$50,000.

Note: Qualification for and approval for the Standard Grant is one of the requirements for consideration for the Catastrophic Damage Grant. Application for the Standard and Catastrophic Grants may be made concurrently.

\$ _____ **Temporary Displacement Grant** - Please provide amount requested (up to \$500).

\$ _____ **School Site Grant** - Please provide amount requested (up to \$500). This Grant is to help allay the costs resulting from the loss of materials.

Please provide the additional information and signatures requested on the reverse of this form.

Disaster Relief Fund Application for Grant (continued)

Describe the disaster and your loss and/or economic hardship below. Please attach documentation to substantiate the amount of damage or loss. For temporary displacement, attach substantiation of your costs for displacement. For damages to your school site, attach substantiation of the cost of materials lost.

AUTHORIZATION INFORMATION

I further understand that I will be responsible for any federal, state or local tax liability that may be associated with the grant upon approval and acceptance.

Applicants Signature: _____ Date: _____

CHAPTER DETERMINATION

We have investigated the needs and qualifications of the Applicant and we recommend that the grant(s) requested be:

Approved

Denied

BY: _____

NAME	TITLE
_____	_____
_____	_____
_____	DATE

Once completed and signed by the Chapter's representative please retain copy and mail the original to FACT Foundation, 800 N. Brand Blvd. 19th Floor, Glendale, CA 91203 or fax to (818) 254-4223. For questions, please call (818) 254-4106.

