Print Form

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.

To provide support for your qualification for a grant(s), please review the requirements and conditions carefully for the grant(s) you are requesting. This will assist you in submitting the necessary information for the review of your application.

For requests for the Catastrophic Damage Grant, please provide substantiation of damages exceeding $50,000.

For School Site Grants, please describe what materials have been or will need to be replaced.

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: Please print form, sign in blue or black ink, and submit to your local CTA Chapter. _____ **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, 303 N. Glenoaks Blvd. , Suite 1000; Burbank, CA 91502