



United Way
of Northwest Florida

Hurricane Michael – Disaster Recovery & Rebuilding Funding Application

By completing this application you agree that any grant issued will be used to directly serve the community recovery and rebuilding efforts as described in your application. Any changes require written approval from United Way of Northwest Florida (UWNWFL).

Agency Information:

Organization Name

Physical Address

Mailing Address (if different from above)

Executive Director / CEO

Phone

E-mail

Contact Person for Grant (if different from above) Phone

Email

Are you a 501(c)3 in good standing with the IRS? Y N

EIN# _____

Specific Relief Services for which you are Requesting Funding:

Describe the overall impact of Hurricane Michael on your agency and the relief services you are providing (attach a separate page and note see attached if you'd like)

This grant is for organizations that have "boots on the ground" providing recovery and/or rebuilding services to people impacted by the disaster. Additional funding may be available as future donations towards this effort are received.

Amount of request: \$_____

How will this funding be used? Please be as specific as possible and break down dollars requested by line item. (Example: \$1,000 to purchase baby formula, \$5,000 to assist with housing needs, and \$5,000 to provide temporary scholarships for childcare)

If this program is unable to be funded at your full request amount, what is the minimum funding level you could accept and still be able to deliver the program successfully? What would the impact on the program be with funding less than the amount requested?

What counties will these funds serve? Check all that apply.

*ONLY check the counties in which your agency is providing disaster services

Bay Calhoun Jackson Holmes Washington Gulf

How many paid staff are assisting in this effort? _____ How many volunteers? _____

Program hours and days of operation _____

Physical location of program _____

Program Objectives & Activities:

Program Objectives should be SMART – Specific, Measurable, Attainable, Relevant, Time-framed

Example: Ensure 10 families suffering from severe damage to their housing due to Hurricane Michael will be assisted with safety issues in their home or finding alternative safe housing within 1-3 months.

SMART Objective(s) Include

Areas of Activities to Reach Objective(s):

What specific areas identified below will your activities address with money received from UWNWL?

Specific Activities Include:

Areas of Need

Number of Households Served

Shelter (Rent/Mortgage)

Mental Health

Food

Home Repairs

Tree Removal

Utilities

Medical

Misc. (Clothing, appliances, storage, etc.)

Additional Comments (or attach)



United Way
of Northwest Florida

Signature & Certification:

To the best of my knowledge and belief, the information contained in this application is true and correct. United Way of Northwest Florida (UWNWFL) is hereby authorized to verify all information contained herein. I understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application or elimination of funding after it is awarded.

In compliance with the US PATRIOT Act and other counterterrorism laws, I hereby certify that all UWNWFL issued funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, statute and executive orders.

I affirm that the named agency operates in accordance with a written Non-discrimination Policy that outlines how the organization does not discriminate in hiring, service delivery or volunteer services on the basis of race, religion, gender, sexual orientation, national origin, age, or disability.

Lastly, I understand that UWNWFL will be developing a brief final report for my agency to submit at a later date. Additional documentation may also be requested. I agree to keep detailed information on how and to whom the money was spent for future reporting purposes.

Electronic Signature of Executive Director / CEO

Date Signed

Please submit application electronically to DisasterRelief@UnitedwayNWFL.org

- Please watch for an e-mail confirmation that we received your application. If you do not receive this within 48 hours then re-submit.

If you have questions please contact either Jacqueline Flynn (850) 866-8056 or Angela Klopf (607) 481-5362

In the event that agency funding becomes available please identify any agency financial needs you anticipate not being covered by insurance (check all that apply)

Facility Repairs

Insurance Deductible

Loss of Income

Equipment Replacement Costs

Temporary Relocation Costs

Other _____