



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 recovery and rebuilding efforts as described in your application. Any changes require written approval from United Way of Northwest Florida (UWNWFL).

PLEASE NOTE THIS APPLICATION HAS TWO PARTS.

**PART 1 IS FOR SPECIFIC PROGRAM FUNDING AND PART 2 IS FOR AGENCY REIMBURSEMENT FUNDING
YOU CAN APPLY FOR BOTH**

Agency Information:

Legal 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?(check one) Y N EIN# _____

PART 1: IF APPLYING FOR PROGRAM FUNDING PLEASE COMPLETE THIS SECTION

Specific Relief Services for which you are Requesting Funding:

Describe the overall impact of Hurricane Michael on your agency

What relief services you are providing (attach a separate page and note see attached if you'd like)

This grant is for organizations that are providing program services related to the needs of people impacted by Hurricane Michael.

Amount of funding 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?

What county(ies) will these funds serve?

*ONLY check the county(ies) in which your agency is providing services with this application.

Bay Calhoun Jackson Holmes Washington Gulf

Please Note: Each county that we serve is represented by a separate funds distribution committee. If you are requesting funds for a program that serves multiple counties, a separate application must be made for each program within each county. This process will ensure the specific needs of each county are met.

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:

Please identify below the activities that will be addressed with money received from Hurricane Michael funds?

Specific Activities Include:

<u>Areas of Need</u>	<u>Number of Households Served</u>
Shelter (Rent/Mortgage)	_____
Mental Health	_____
Food	_____
Home Repairs	_____
Tree Removal	_____
Utilities	_____
Medical	_____
Misc. (Clothing, appliances, storage, etc.)	_____
Other not listed	_____

PART 2: IF APPLYING FOR AGENCY FUNDS (Reimbursement funds)

PLEASE COMPLETE THIS SECTION

Describe the overall impact of Hurricane Michael on your agency and how you propose to use potential funding.

Please check the category(ies) that you are applying for and list amounts being requested by category.

O Facility Repairs \$ _____

O Insurance Deductible(s) \$ _____

O Loss of Income \$ _____

O Equipment Replacement / Repairs \$ _____

O Business Interruption \$ _____

O Temporary Relocation Costs \$ _____

O Other _____ \$ _____

Total amount of these categories \$ _____

Did your organization have insurance to cover any financial cost associated with the hurricane?

Yes No

Did you file a claim?

Yes No

What types of insurance coverage do you carry?

Provider _____

Insurance Type _____ Amount of Coverage _____

Deductible _____

Current Status of Claim _____

Verification of status related documentation must be made available upon request

Additional Provider _____

Insurance Type _____ Amount of Coverage _____

Deductible _____

Current Status of Claim _____

Verification of status related documentation must be made available upon request

Any Other Provider _____

Insurance Type _____ Amount of Coverage _____

Deductible _____

Current Status of Claim _____

Verification of status related documentation must be made available upon request

Has your agency applied for any other disaster recovery and rebuilding funds (FEMA PA, SBA Loan, etc.)?

Yes No

List any other sources requested

Source 1 _____

Amount of Request \$ _____ Status of funding _____

Target use of funds _____

Source 2 _____

Amount of Request \$ _____ Status of funding _____

Target use of funds _____

Source 3 _____

Amount of Request \$ _____ Status of funding _____

Target use of funds _____

Additional Comments (or attach)

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 Hollee Hansen hhansen@unitedwaynwfl.org (850) 785-7521 X103 or Angela Klopff aklopff@unitedwaynwfl.org (607) 481-5362