

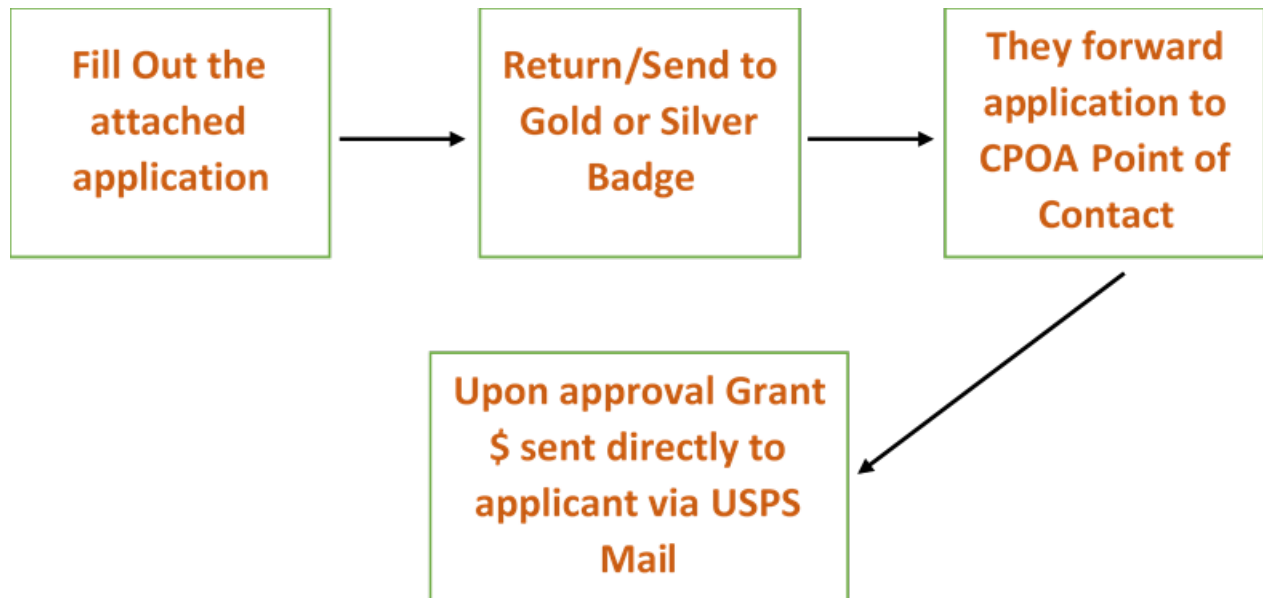
DISASTER RESPONSE COALITION

INSTRUCTIONS



The Coast Guard Chief Petty Officers Association has partnered with the Coast Guard Foundation to form the Disaster Response Coalition to facilitate financial relief to Coast Guard families impacted by natural disasters.

As Coast Guard members and their families are returning home finding damage to their own personal property after Hurricane Florence, we are here to help. Please use this flow chart and application if you need financial assistance. Only CPOA representatives will review applications and grant approval will be made by the Coast Guard Chief Petty Officers Association as an independent, non-profit, private entity, not part of the U. S. Coast Guard.





**COAST GUARD FOUNDATION &
COAST GUARD CHIEF PETTY OFFICERS ASSOCIATION
2018 HURRICANE FLORENCE RELIEF FUND APPLICATION**



APPLICANT INFORMATION

Applicant's Name (Last, First, MI): _____
ONLY ONE CPOA RELIEF FUND APPLICATION PER FAMILY WILL BE ACCEPTED

Applicant's complete mailing address: Circle one: HOME / DUTY STATION / OTHER

Address	City	State	ZIP-Code
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A CHECK CAN BE MAILED TO THIS ADDRESS: Circle one: Yes / No

Applicant's Phone: (____) _____ - _____ Circle one: Home / Mobile

Email: _____

Status of Applicant (circle one): A/D RESERVE RETIRED CIVILIAN Rank/Rate _____

Does the Applicant have: Spouse: YES / NO Children: YES / NO No. of Children: _____

Amount of Request (dollar amount up to \$3,000) \$ _____

Reason for Request (How will the grant be used?): _____

Has the Applicant received a grant of financial assistance from other sources? Circle one: YES / NO

If yes, provide the following:

Name of Source: _____ **Dollar amount received:** _____

Does the Applicant have insurance (check if applicable: Flood ____ Homeowners ____ Renters ____

Has the Applicant received, or expecting to receive, insurance funds to cover this loss? YES / NO

If yes, provide the following:

Name of Insurance: _____ **Dollar amount received:** _____

Documentation (copy of Bill / Appraisal / Insurance deductible): YES ____ NO ____

Any Additional Info Applicant would like to provide? _____

By signing this application requesting a grant from the Coast Guard Foundation & Coast Guard Chief Petty Officers Association, I hereby declare that the information contained in this application is accurate to the best of my knowledge, and understand that any misstatement of fact may be grounds for denial of this request.

I expressly waive and hold harmless the Coast Guard Foundation & Coast Guard Chief Petty Officers Association and any Coast Guard representative who may be acting on behalf of this Fund, from any and all claims that might arise as a result of this application.

I understand that the Coast Guard Foundation & the Coast Guard Chief Petty Officers Association are independent private entities, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). This form, with attachments, will be kept on file for a period of five (5) years.

I understand that this Fund exists to help meet the basic needs of those impacted by Hurricane Florence. Those needs include but are not limited to:

- a. Housing/Lodging
- b. Homeowner's / Renter's Insurance Deductibles
- c. Food
- d. Emergency Travel

I understand that grants will not be considered for (and are not limited to) the following:

- a. Credit card expenses
- b. Legal expenses
- c. Business debts
- d. Late fees or irresponsible financial acts
- e. School expenses

I have read, understand and agree to the above requirements for receipt of a monetary grant from the Coast Guard Chief Petty Officers Association.

Applicant's Signature: _____ Date: _____

DO NOT FILL OUT BELOW THIS LINE

FOR HURRICANE RELIEF FUND ADMINISTRATORS ONLY

Date Request Received: _____ Grant Amount Approved: _____

Documentation Attached: Y / N Chapter Granting Approval: _____

Chapter President's (or Authorized Designee's) Name: _____

CPOA Executive Director:

Date Funds Disbursed: _____ Check Number: _____