

# HURRICANE FLORENCE RELIEF APPLICATION: FILE BY 15 NOVEMBER 2018

Tracking number

On September 14, Hurricane Florence caused widespread damage in many parts of Rotary District 7720. Rotary Clubs and individuals near and far were moved by the devastation left behind and have contributed funds to assist with rebuilding projects. **To submit a request** for fulfillment of a specific need or project, a District 7720 Rotary Club **Treasurer** must please submit this completed application; along with any photographs or documentation supporting the request to District Disaster Relief Chair Lewis Hoggard: 104 West Gray Street, Windsor, NC 27983, or, [lewishoggard@gmail.com](mailto:lewishoggard@gmail.com) (preferred)

## I. APPLICANT INFORMATION

Applicant name (recipient of relief)

Club Name:	Club treasurer:	Treasurer phone:
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Current address of applicant:

City:	State:	ZIP Code:
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Club Contact Name:	Phone:	Email:
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Are you applying on behalf of a business or organization? (If Yes, complete Section III)      Yes      No

Are you applying on behalf of an individual? (If Yes, complete Section IV)                      Yes      No

## II. PROJECT DESCRIPTION

Disaster Event (Name or Type, and Date):

Description of Project (Business or Home, Number Benefiting, Plan for Completion):

Amount Requested:

Amount Needed:

## III. BUSINESS/ORGANIZATION INFORMATION

Business/ Organization Name:

Business/ Organization EIN Number:

Address:	Phone:
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City:	State:	ZIP Code:
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Point of Contact Name:

Address:	Phone:
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City:	State:	ZIP Code:
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## IV. INDIVIDUAL INFORMATION

Name:

SSN:

Address:	Phone:
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City:	State:	ZIP Code:
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Employer:

Address:

City:	State:	ZIP Code:
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Total Household Annual Income:		
Was the affected property insured at the time of the incident?                      Yes    No		
Has a claim been filed or will a claim be filed with the insurance company?    Yes    No		
Date and decision of claim (If applicable)		
<b>V. REFERENCES FOR RELIEF RECIPIENTS</b>		
Name	Address	Phone
<b>APPLICANT ASSURANCE</b>		
<p>By signing below, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I agree to accept responsibility for providing any personal reports or updates if a grant is awarded as a result of this application. I also certify that payment has not been received or requested from any other source not listed, including insurance claims.</p>		
<b>SIGNATURES</b>		
I authorize the verification of the information provided on this form as to my references, employment and other information necessary for a sound decision to be made on behalf of this application.		
Signature of applicant:		Date:
Business/Organization Name (if signing on behalf)		Date:

**File by 15 November 2018**

<b><u>For District 7720 Disaster Relief Chair use</u></b>	
Application Approved: _____ Amount: _____ Sent: _____	
Application Denied: _____	
Comments:	
Signature: _____	
Date received: _____	Date completed: _____