



**COAST GUARD FOUNDATION &
COAST GUARD CHIEF PETTY OFFICERS ASSOCIATION
2019 DISASTER 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

A CHECK CAN BE MAILED TO THIS ADDRESS: 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 \$3000) \$ _____

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

Has the Applicant received a grant of financial assistance from other sources? 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 & Coast Guard Chief Petty Officers Association is an independent private entity, 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 2019 Disasters. 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 Foundation & 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: _____