

Biloxi Marsh Disaster Relief Fund Corporation

Grant Application Request Form	Assigned Application Number { _____ }
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Purpose:

The Biloxi Marsh Disaster Relief Fund Corporation provides relief assistance in the form of monetary grants to community groups, government agencies, schools, churches and non-profits located in St. Bernard Parish, LA affected by disaster. Grants will be made for any reasonable needs related to the disaster and will be determined confidentially by the Fund's Board of Directors. The grant application process will remain strictly confidential.

Application Instructions:

The Grant Application will be reviewed by the board of directors of the Biloxi Marsh Disaster Relief Fund Corporation.

Organization Name: _____
Contact: _____
Title: _____
Tax ID Number: _____
Organization Mission: _____
People serviced: _____
Years operating in St. Bernard: _____
Pre-Katrina Address: _____
Post-Katrina Address: _____
Telephone (Home): _____ (Office): _____
Cell Phone: _____ Email: _____

(Please attach a copy of driver's license, property tax bill, phone bill, rental receipt/contract or other proof of residency)

Certification by Applicant

I certify I have suffered a disaster and that the information contained in the Grant Application is true and complete. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal to grant assistance under this program. I certify that my organization was based and operated in St. Bernard Parish, LA just prior to the disaster.

I understand that the granting of such assistance is neither a right nor entitlement and that the board of directors of the Biloxi Marsh Disaster Relief Fund Corporation have sole discretion in determining whether my organizations qualifies for assistance.

Signed: _____ Date: _____

Confidential Grant Application	Application Number { _____ }
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- (1) The Biloxi Marsh Disaster Relief Fund Corporation reserves the right, at its sole discretion, to accept or reject any application made for assistance in whole or in part.
- (2) All recipients of grants must have been residents of St. Bernard Parish prior to the casualty event.

Biloxi Marsh Disaster Relief Fund Corporation (2)

Describe in detail the monetary support your organization needs and why. Also describe exactly how you will spend any monies granted by the Fund.

Describe the federal, state, private or other assistance your organization has received or expects to receive. Include amounts received in total from each agency (attach additional supporting documentation if possible).

	Amount Already Received	Additional Amt. Expected To Be Received
Relief from your Insurance:	\$ _____	\$ _____
FEMA: (1 st ck _____) + (2 nd ck _____)	\$ _____	\$ _____
Red Cross: (total household amount received)	\$ _____	\$ _____
Corporate Grants:	\$ _____	\$ _____
Individual Donations:	\$ _____	\$ _____
Other: (describe _____)	\$ _____	\$ _____
Total Funds Received:	\$ _____	\$ _____

Proof of Loss

Please **attach** receipts for all out of pocket expenses for which you seek reimbursement. If you have not incurred any out of pocket expenses please **attach** written cost estimate(s) from any third party registered contractor(s) estimating the amount required to complete repairs not cover by government grants or insurance. Please include name, contact person, address and telephone number of third party contractor(s).

Proof of Loss Information: (Attach additional sheet if necessary)

Proof of Use of Grant

By accepting a monetary grant from the Biloxi Marsh Disaster Relief Fund Corporation you (Grantee) agree to provide to Biloxi Marsh Disaster Relief Fund Corporation, upon request, evidence that the monies granted were used for the purposes for which the monies were granted.

Agreed to this date: _____
(Fill in Date)

Grantee: _____
(Print Name Your Name)

Signature: _____
(Sign your name)

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