

**Biloxi Marsh Disaster Relief Fund Corporation****Grant Application Request Form****Assigned Application Number {                      }****Purpose:**

The Biloxi Marsh Disaster Relief Fund Corporation provides relief assistance in the form of monetary grants to individuals, businesses, or government agencies located in St. Bernard Parish, LA affected by a natural disaster. Grants will be made for any reasonable needs related to the disaster including, but not limited to, food, clothing, housing, transportation, medical assistance, office equipment, and repairs for a business or primary residence. The grant application process will remain strictly confidential. You will be assigned an application number to protect the confidentiality of your application. (1)

**Application Instructions:**

The Grant Application will be reviewed by the board of directors of the Biloxi Marsh Disaster Relief Fund Corporation as a blind application. The below contact information will not accompany your Grant Application.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Office): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

Initial Date of Residency in St. Bernard Parish: \_\_\_\_\_  
(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 I or my business resided in St. Bernard Parish, LA just prior to the natural 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 I qualify for assistance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

- (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)**

Briefly describe the nature and date of the disaster and provide details on the property damage sustained. Also describe how you plan to use the grant payment you may receive. (Attach additional sheet if necessary)

**EXAMPLES:**

My house was damaged due to the disaster. As such, I have had to buy new clothes and personal items for myself and family members. In addition, I was living in a hotel for three weeks for which the expenses are not covered by my insurance company. I plan to use any funds received to offset my hotel bill.

OR

I lost my entire house and all of its contents. My insurance will cover the house, but contents are limited. I need to get all new clothing for myself and family members and household items. In addition, I rented an apartment for temporary living which costs \$900 a month. I also lost a vehicle during the disaster on which I have a \$500 deductible. I plan to use any funds received to purchase furniture and kitchen items.

Describe the federal, state, private or other assistance you have received. Include amounts received in total from each agency (attach additional supporting documentation if possible).

|   | Amount Already<br>Received | Additional Amt.<br>Expected<br>To Be Received |
|---|----------------------------|---|
| Relief from your Employer:                                    | \$ _____                   | \$ _____                                      |
| FEMA: (1 <sup>st</sup> ck _____) + (2 <sup>nd</sup> ck _____) | \$ _____                   | \$ _____                                      |
| Red Cross: (total household amount received)                  | \$ _____                   | \$ _____                                      |
| Other: (describe _____)                                       | \$ _____                   | \$ _____                                      |
| Relief Food Stamp Program:                                    | \$ _____                   | \$ _____                                      |
| <b>Total Funds Received:</b>                                  | <b>\$ _____</b>            | <b>\$ _____</b>                               |

- Do you have insurance coverage on your business, residence (yes or no) and vehicle (yes or no)?
- Do you believe you had adequate insurance coverage? (yes or no)
- Did you have flood insurance? \_\_\_\_\_
- Has your insurance carrier given you a temporary living advance? (yes or no) Amount \$ \_\_\_\_\_
- Have you filed a claim with your insurance carrier? (yes or no) Date claim was filed? \_\_\_\_\_
- Amount of flood insurance claim filed: \_\_\_\_\_
- Amount of homeowner's claim filed: \_\_\_\_\_
- Amount of business insurance claimed filed: \_\_\_\_\_
- Have you received payment from your insurance carrier? (yes or no) Date do you expect payment? \_\_\_\_\_
- Name, address and telephone number of Insurance Company: \_\_\_\_\_
- Amount of payment received from flood insurer: \_\_\_\_\_
- Amount of payment received from homeowner's insurer: \_\_\_\_\_
- Amount of payment received from business insurer: \_\_\_\_\_
- Amount of insurance deductibles: Flood: \_\_\_\_\_ Homeowner's: \_\_\_\_\_  
Business: \_\_\_\_\_

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What is your estimated need for your total loss in this disaster after insurance or other assistance received? This figure **must exclude** lost income. \$ \_\_\_\_\_

**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) \_\_\_\_\_

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**Personal Financial Information:**

Please complete the **attached** personal financial statement. Married applicants must provide a combined financial statement that includes financial information for both the applicant and his or her spouse. The information is required to substantiate the financial need of the applicant as required by the Biloxi Marsh Disaster Relief Fund Corporation’s operating procedures and relevant Internal Revenue Service requirements.

**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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