

## HURRICANE FLORENCE RELIEF APPLICATION

On September 14, Hurricane Florence caused widespread damage in almost all parts of District 7730. Rotary Clubs 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, please submit this completed application; along with any photographs or documentation supporting your request to District Executive Secretary Lin Kelly for consideration.

### I. APPLICANT INFORMATION

District (If NOT 7730:)

Club Name:	Area Number:	Phone:
Current address:		
City:	State:	ZIP Code:
Club Contact Name:	Phone:	Email:
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:
City:	State:	ZIP Code:
Point of Contact Name:		
Address:		Phone:
City:	State:	ZIP Code:

### IV. INDIVIDUAL INFORMATION

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

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)

**V. REFERENCES FOR RELIEF RECIPIENTS**

Name	Address	Phone

**APPLICANT ASSURANCE**

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.

**SIGNATURES**

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: