

EMERGENCY BENEFITS PROGRAM

DISASTER-RELATED EMERGENCIES

When unexpected hardships arise, the Emergency Benefits Program can be a safety net and a backstop, with cash grants to eligible first responder employees of up to \$20,000 for disaster-related emergencies.

Who is eligible?	<p>Current full-time Workers both sworn and unsworn, employed by of one of the following agencies:</p> <ul style="list-style-type: none"> ✓ Napa County Sheriff's Department ✓ Napa City Police Department ✓ Napa City Fire Department
What is a disaster-related emergency?	<ul style="list-style-type: none"> • An earthquake, fire, flood or other disaster that damages or destroys the employee's primary residence, and/or the contents in that residence, which creates an undue financial hardship for the employee.
What help is available?	<ul style="list-style-type: none"> • Cash assistance of up to \$20,000 per employee per year, with a lifetime cap of \$50,000.
Will all applications be approved?	<ul style="list-style-type: none"> • Applications from qualified employees, for qualified disaster-related emergencies, will be evaluated quickly and objectively, but funding is not guaranteed.
How do I apply?	<ul style="list-style-type: none"> • To apply for assistance, please complete the below application and submit it by email to FRFund@napavalleycf.org

APPLICATION FOR DISASTER-RELATED EMERGENCIES

EMPLOYEE
NAME _____

EMPLOYER
NAME/AGENCY _____

EMPLOYEE
BADGE OR
AGENCY ID# _____

HOME
ADDRESS _____

CELL _____

EMAIL _____

Please describe the disaster that has affected your home and/or its contents:

What was your total household income last year? Please enter the amount shown on last year's IRS Form 1040, line 8(b), Adjusted Gross Income: \$ _____

Please tell us about your household by filling in the table, below.

Name(s) of other people in your household	Relationship to you <i>(for example: child, spouse, roommate, other family)</i>	Age	Occupation

Please attach copies of:

- 1. Page 1 of your completed IRS Form 1040 from last year.
- 2. The Declaration Page of your homeowners or renter’s insurance policy.
- 3. The Claim Form submitted to your insurer.

YOUR AGREEMENT AND AUTHORIZATION

I certify that the information provided in this grant application and any attachments to it are true and correct as of the date set forth below, and that I have made all reasonable efforts to help myself before applying for this grant. My signature authorizes Napa Valley Community Foundation (NVCF), a local nonprofit organization that holds and manages the First Responders Fund, to verify all the information I have provided in or with this grant application and any attachments thereto, so that it may fairly and lawfully review my application for assistance. I understand that such verification may include contact by NVCF to my employer, mortgage lender or landlord, and my signature expressly permits such contacts for verification purposes. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application and exclusion from future grants from the First Responders Fund. I also understand that any such action by me constitutes fraud, which may be reported to Napa Valley Community Foundation and for which I may be liable via civil or criminal action. In addition, I understand that I am not legally entitled to receive a grant from the First Responders Fund, and that the decision on any grant request is in the complete and sole discretion of NVCF. In this regard, I acknowledge that Napa Valley Community Foundation shall not be liable to me for, and I hereby release them from, any costs, expenses, damages, claims or losses incurred by me in connection with, the approval or disapproval of the grant requested in this application or for anything NVCF may do or refrain from doing in good faith.

Signature

Date

SUBMISSION INSTRUCTIONS

In order for this application to be considered, please print, sign and submit it by email to FRFund@napavalleycf.org.