

ROTARY CLUBS OF CAPE CORAL DISASTER RELIEF FUND APPLICATION

Date of Application: _____

PLEASE NOTE:

- The completed application should be mailed to the Disaster Relief Committee at the address listed at the bottom of this application.
- Please attach additional pages, when necessary, along with any additional documents that demonstrate the need for disaster relief. **A request for funds MUST be accompanied by receipts, invoices, and/or quotes for what has been spent and/or will be spent to repair or rebuild your primary residence.**
- With this application, you **MUST** provide proof this is your primary residence (i.e. a copy of your deed showing homestead status, property appraiser's certification showing homestead status or a copy of your lease, if renting).

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Phone Number: (____) _____ - _____ CELL Phone Number: (____) _____ - _____

Email Address: _____

DISASTER INFORMATION (Check all that apply) Date of Disaster _____

Tornado Flood Hurricane Fire Sinkhole Other: _____

Description of Damage Incurred: (Damage to structures, possessions lost, etc.)

AMOUNT of FUNDS REQUESTED for PROPERTY & POSSESSION DAMAGE

DAMAGE	ESTIMATES/RECEIPTS	*COVERAGE	BALANCE NEEDED
Ex: <u>Windows</u>	<u>\$5,000.00</u>	<u>\$4,000.00</u>	<u>\$1,000.00</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

***Coverage from insurance, individuals, churches, or any other assistance. The Disaster Relief Fund is not a substitute for insurance.**

OTHER ASSISTANCE*

Please list and explain any assistance that will be provided from other sources, such as FEMA, Red Cross, gifts from other organizations/churches, etc.: _____

INSURANCE INFORMATION

Name of Insurance Co. _____ Agent's Name _____

Phone Number (_____) _____ - _____ Address _____

Please enclose copies of any insurance letters or forms showing coverage or non-coverage plus non-returnable pictures of damage. The Disaster Fund is not a substitute for insurance.

FINANCIAL INFORMATION

Attach to this application a complete and notarized Financial Affidavit. Because our funds may be limited and requests many, the committee may take into consideration your financial situation including but not limited to the following: income, expenses, available funds/assets. The Financial Affidavit is a sworn document and can be found at www.CapeCoralRotary.com/disaster.html

Applicant Signature _____ Date _____

Applicant—Please make a copy of this application and documents and MAIL those copies to:

Cape Coral Rotary Foundation
Disaster Relief Committee
PO Box 101346, Cape Coral, FL 33910

Or SCAN and email documents to:
DisasterRelief@CapeCoralRotary.com

Committee Endorsement: To be filled out by the Disaster Relief Committee

AMT. REQ: \$ _____ YES or NO? _____

Comments:

Signature of Committee Chair _____

Date _____

APPLICATION POLICY & PROCEDURES

Purpose: The Cape Coral Rotary Disaster Relief Fund functions primarily to provide emergency assistance to the residents of Cape Coral affected by natural disaster.

Note: This fund is NOT a substitute for insurance.

Offer HELP: The Cape Coral Rotary Disaster Relief Committee is authorized to make inquiries of residents in the area which have suffered extensive damage from a disaster.

Request HELP: Under normal circumstances, your request for assistance will be evaluated by a committee. The committee may turn down your request or award less than the amount requested based upon that evaluation. The funds available for relief are solely based on the availability of funds received in the form of donations.

Follow these steps from Application to Payment

Application: Upon receipt of inquiry, Cape Coral Rotary Disaster Relief Committee will send an application to determine the extent of damage and the need for assistance. Applications can also be found online at www.CapeCoralRotary.com/disaster.html

Approval: Applicants must mail or email their completed applications to the Cape Coral Rotary Disaster Relief Committee for review. Upon receipt of a COMPLETE APPLICATION, the committee will review.

Payment: If assistance is approved, Cape Coral Rotary Disaster Relief Committee will send a check to the applicant.

Mail completed application and copies of receipts, invoices and/or quotes to:

Rotary Clubs of Cape Coral

Disaster Relief Committee

PO Box 101346, Cape Coral, FL 33910

E-mail: disasterrelief@capecoralrotary.com