

Golf Relief and Assistance Fund Application

Eligibility

The Golf Relief and Assistance Fund is designed to support individuals working in the golf industry and their household family members who have been impacted by a qualified disaster, beginning with Hurricane Harvey. Specifically, individuals who derive income on a regular full-time or part-time basis in the golf industry (as defined in the next sentence) and their household family members are eligible. For these purposes, “golf industry” is defined as:

- Golf facilities (courses, driving ranges, etc.)
- Golf tournaments and events
- Industries that produce goods and provide services related to the sport of golf, including by golf facilities and in connection with golf tournaments and events.

Applicants may only apply for support up to 120 days (four months) following the conclusion of a qualified disaster and may submit only one application in a given six (6) month period.

A “qualified disaster” means:

- a disaster that results terrorist or military actions,
- a disaster that results from an accident involving a common carrier,
- an event that the Secretary of the Treasury determines to be catastrophic, or
- a Presidentially declared disaster.

Types of Assistance Available

The types of expenses the fund will cover include the following:

- Living expenses (food, rental cars, hotel stays, etc.)
- Housing repairs (structural repairs, flooring, essential furnishings and appliances, etc.)
- Vehicle damage
- Medical expenses incurred as a result of disaster (hospital stays, counseling, rehab, etc.).

See section two of the application for additional detail and examples of allowable reimbursements.

Insurance coverage and other forms of relief that an applicant may be eligible for will be taken into consideration. In addition, an applicant’s financial position will be reviewed in most cases, in order to assess need.



Grants may be awarded for more than one category of loss or damage, but generally will not exceed the maximum request amount of \$5,000. The minimum request amount is \$500. Awards are payable from the Golf Relief and Assistance Fund, administered by Silicon Valley Community Foundation, and will be disbursed via check to the applicant's address that is provided below unless otherwise directed.

Applicant Information

All of the below fields are ***required***.

I, _____ (print your name), respectfully request assistance from Golf Relief and Assistance Fund at SVCF.

Name of Disaster (e.g., Hurricane Harvey): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

County: _____

Without disclosing personal, identifying details, Silicon Valley Community Foundation may share information about the fund with funders and supporters, and certain funders and/or supporters may publicize awards made through the fund.

I acknowledge the preceding statement and certify that the information submitted is truthful and accurate to the best of my knowledge. I agree to expend the awarded grant funds for the defined purpose and agree to refund any part of the award which is not spent for the defined purposes of the grant to SVCF.

Signature: _____ Date: _____

Name of golf industry business where you work:

Please complete the rest of the application and submit the completed application as well as all required documents to disasterrelief@siliconvalleycf.org. Your application will be reviewed by an independent selection committee.

Section One: Eligibility

There are three options to demonstrate that you are, or one of your household family members is, a member of the golf industry and you are eligible for funding. Only one option of proof is required.

1. Include the most recent golf industry related paystub **and** a brief description of the job function for you or the relevant household family member.
2. Include a signed and dated letter from the golf industry business verifying that you or are the relevant household family member is a member of the golf industry (sample language below).
3. Your supervisor (or whomever is most appropriate) in the golf industry may sign off on the following statement:

I _____ (print name), verify that _____
(applicant name) is a member of the golf industry due to related work at _____
(business name) which operates in the following capacity (check one):

- Golf professional
- Golf facility maintenance worker
- Hospitality and clubhouse dining staff
- Golf Equipment sales person
- Caddie

Signature: _____ **Date:** _____

Have you applied for funding from the Golf Relief and Assistance Fund previously?

Yes No If yes, date of application: _____

Financial Need

We are required to obtain information regarding your financial position in order to assess need.

Please provide the following information:

- Annual household income (gross): _____
- Any additional annual non-taxed household income: _____
- Number of individuals in your household: _____
- Average monthly debt and related description (e.g., student loans):

- Assets (e.g., approximate value of your home if owned, savings, investments, etc. and a brief description):

Have you applied for emergency assistance from other sources such as FEMA?

Yes No

If applicable, how much have you applied for: _____

If applicable, how much have you been awarded to date: _____

SVCF may request additional support documents depending on your application.

Section Two: Application for Support

Please check the category/categories of assistance you wish to request and provide the required proof. **The application will not be accepted if required proof is not provided at the time of application submittal.**

Grants may be awarded for more than one category of loss or damage, but generally will not exceed the maximum request amount of \$5,000. The minimum total request amount is \$500.

Your Total Request Amount: \$ _____

<input type="checkbox"/>	Category A - Living Expenses
--------------------------	-------------------------------------

Incurred living expenses as a result of displacement (hotel stay, car rental, etc.) which are not covered with proceeds from an insurance policy.

Please provide a brief description of the expenses. Only list expenses that are not covered by insurance. Your insurance deductible is reimbursable.

Required Proof (please submit with application)

- Receipts
- Do you have a current insurance policy? Yes No

If yes, please provide a copy and/or documents pertaining to a related claim.

<input type="checkbox"/>	Category B - Housing Expenses
--------------------------	--------------------------------------

Loss or damage to primary residence owned by you and/or household family member. Fences, railing and/or stairs around your residence would also be covered as would essential appliances or furnishings. Damage might be the result of fire, earthquake, storm surge, rising floodwaters entering the residence, high wind, water leakage or falling debris. Such loss or damage must not be covered with proceeds from an insurance policy.

Please provide an itemized list of damages including an estimate of the monetary loss. Only list those expenses that are not covered by insurance policies.

Your insurance deductible is reimbursable.

Required Proof (please submit with application)

Photo Evidence, Receipts and/or Estimates

Do you have a current insurance policy? Yes No

If yes, please provide a copy and/or documents pertaining to a related claim.

Category C - Personal Vehicle

Loss or damage to personal vehicle(s) owned by you, where the total cost of replacement and/or repairs are not covered with proceeds from an insurance policy.

Please provide a brief description of the damages, including an estimate of the monetary loss. Include the year, make and model of the vehicle. Only list expenses that are not covered by insurance.

Your insurance deductible is reimbursable.

Required Proof (please submit with application)

Photo Evidence, Receipts and/or Estimates

Do you have a current insurance policy? Yes No

If yes, please provide a copy and/or documents pertaining to a related claim.

Category D – Medical Expenses

Incurred medical expenses as a result of disaster and not covered with proceeds from an insurance policy. These may be expenses incurred by the applicant and/or a household member. For example, the following expenses are acceptable:

- *Significant medical expenses not eligible for insurance reimbursement*
- *Prescription medications not covered by insurance*
- *Travel expenses related to medical care*
- *Psychological counseling following the disaster, as deemed necessary by a medical professional, in excess of what is covered by insurance*
- *Expenses related to physical rehabilitation due to an injury from the event not covered by insurance*

Please provide an itemized list of expenses. Only list those expenses that are not covered by insurance policies. Your insurance deductible is reimbursable.

Required Proof (please submit with application)

- Photo Evidence, Receipts and/or Estimates

Thank you!

Thank you for your application to receive assistance through the Golf Assistance and Relief Fund. Your application will be reviewed as soon as possible. If awarded assistance, you will be notified via email and/or phone and will receive a check in the mail at the address provided on the application.

Refer to www.golfrelieffund.org for more information regarding timelines.

Should you have questions about this application, please contact disasterrelief@siliconvalleycf.org