

# APPLICATION FOR EMERGENCY ASSISTANCE

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Hurricane Maria



# Overview

In the interest of helping victims of Hurricane Maria, Foundation Source has designed this form for its clients. Although we have tried to streamline the process, we want to underscore that it is important that the form be filled out carefully and with forethought. It is recommended that the foundation's board formally adopt its emergency assistance grant program and memorialize the board action (e.g., with minutes). The grant program should benefit victims of current and future emergencies and/or disasters. This form represents our interpretation of applicable IRS rules and guidance, and should not be construed as legal advice.

A foundation's decision about how its funds will be distributed must be based on an objective evaluation of the victim's needs at the time the grant is made. **Under established rules, charitable funds cannot be distributed to individuals merely because they are victims of a disaster.** According to IRS Publication 3833, a private foundation providing emergency assistance must make a specific assessment that a recipient of aid is financially or otherwise in need. Accordingly, the grant amount will vary depending on the applicant's level of need. Individuals do not have to be totally destitute to be eligible to receive emergency assistance; they may merely lack the resources to obtain basic necessities.

The IRS requires that a granting foundation record, among other things, the grant recipient's need for assistance at the time of the grant; the objective criteria applied to assess need; the process by which grant recipients were selected; and the name, address, and amount distributed to each grant recipient. The IRS requires a granting foundation to make its annual return open to public inspection and disclose a grant recipient's identity and address, the grant amount, and a description of the grant purpose. However, the IRS does not require the foundation to track how the grant recipient spent the funds. In fact, there are no restrictions on the grant recipient's use of grant funds.

Foundation Source's Application for Emergency Assistance has been designed to meet the IRS's record-keeping and needs assessment requirements:

**Sections 1 – 4** provide the opportunity for the applicant to detail the circumstances that gave rise to the need for emergency assistance, so that an objective assessment can be made by the foundation's board.

**Section 5** to be completed by the foundation, describes the factors that influenced the board's decision to provide emergency assistance to a particular person or household over another. In addition, this section is meant to document how the foundation's board became aware of the applicant's need for assistance.

**Section 6** establishes that no family or business relationship exists between the foundation's insiders and the person or household seeking emergency assistance.

## Charitable Class

Finally, the IRS requires that grant recipients be selected from an open-ended group of individuals known as a "broad charitable class." This group must be large enough to ensure that the number of members comprising the class is not fixed. For this reason, the foundation should develop a means to identify persons in need of assistance beyond the board's immediate sphere of social contacts. This may be accomplished by obtaining referrals from clergymen, local charities, community organizations and social workers, reading newspaper and magazine articles, and establishing other channels. While this form has been especially streamlined for Hurricane Maria victims, a foundation that provides disaster relief for such victims should be prepared to provide relief for victims of future disasters and/or emergencies to ensure that the charitable class of grant recipients is not fixed.

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# Application for Emergency Assistance – Hurricane Maria

<b>Purpose</b>	One-time grant of up to \$5,000 for individuals and families who require assistance due to disaster or emergency hardship, such as a flood, fire, tornado, violent crime, sudden death, physical abuse, or trauma.
<b>Who qualifies for assistance</b>	Individuals and families temporarily unable to be self-sufficient as a result of a sudden and severe emergency. This includes persons in need of short-term counseling because of trauma experienced as a result of a disaster, crime, or emergency.
<b>Application deadline</b>	Due to immediacy of this form of assistance, this application must be submitted within a short period of time after the emergency.
<b>How to apply</b>	<b>Sections 1-4</b> should be filled out by the applicant. The completed form should be returned to the person who gave it to you. <b>Sections 5-6</b> should be completed by the Foundation.

## Section 1 – General Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apartment No. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Section 2 – Information About the Applicant's Household

List the full name, date of birth, relationship, and the last four digits of the social security number of each person living in your household, including yourself, as reported on your tax return. Attach additional sheet(s) if necessary.

1	<b>Your full name</b> (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#
		___ / ___ / _____	
2	<b>Full name of the 2nd person in your household</b> (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#
		___ / ___ / _____	
	Relationship to you:		
3	<b>Full name of the 3rd person in your household</b> (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#
		___ / ___ / _____	
	Relationship to you:		
4	<b>Full name of the 4th person in your household</b> (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#
		___ / ___ / _____	
	Relationship to you:		
5	<b>Full name of the 5th person in your household</b> (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#
		___ / ___ / _____	
	Relationship to you:		
6	<b>Full name of the 6th person in your household</b> (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#
		___ / ___ / _____	
	Relationship to you:		

**Section 3 – Information About the Emergency**

Approximate Date of Emergency September 20, 2017

Briefly describe the nature of the emergency:

Hurricane Maria, which began as a category 5 storm when it descended on Dominica on September 18, 2017, made landfall on Puerto Rico on September 20 as a Category 4 storm with winds of 155mph. The storm caused massive flooding and destruction on both islands, with 95% of roofs blown off in some areas of Dominica, and left Puerto Rico entirely without power, which is expected to last several months. The storm proceeded to several other Caribbean islands, including Turks and Caicos, the Bahamas, and the U.S. Virgin Islands, causing severe damage there as well. (See attached aerial photographs.) President Trump issued major disaster declarations for Puerto Rico and the U.S. Virgin Islands on September 20, 2017.

Briefly describe how this emergency impacted you personally:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 4 – Applicant's Declaration**

I affirm that all the information I have given to qualify for emergency assistance is complete, correct, and true to the best of my knowledge. I understand that I may be denied assistance if any of the above is false, and that I may be required to repay any assistance that I receive based on false or incomplete information.

Upon request, I agree to provide the Foundation or its Administrator with evidence of the information I have given on this application. I understand that this application becomes the property of the Foundation when submitted.

I understand that the Foundation's annual return is open to public inspection and that, if I receive a grant, the Foundation will be required by federal tax law to disclose on its annual return my identity and address, the grant amount, and a description of the grant purpose. I understand that, if I receive a grant, the Foundation will report on its annual return the address I provided above unless I provide my business address below to be used in place of my home address.

Business Address: \_\_\_\_\_  
Street Address, City, State, ZIP

**SIGN HERE >** \_\_\_\_\_ **DATE >** \_\_\_\_\_



**Stop here – you have completed your part of this application.**

**Return this completed application to the person who gave it to you.**

# To Be Completed by Foundation

## Section 5 – Situation Analysis

How did the Foundation become aware of this applicant’s need for emergency assistance?

*Applicants for emergency assistance should be referred by a person or organization not affiliated with the granting Foundation. Please check all boxes that apply:*

- Clergy                       Counselor                       Employer                       Health Care Professional
- News/Media                       Nonprofit                       Psychologist                       Social Worker
- Other \_\_\_\_\_

Name of referral source \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No. \_\_\_\_\_

Please indicate the factors that influenced the Foundation to provide emergency assistance to this particular individual and/or household based on the applicant’s description of need and input provided by the above referral source(s):

*Please check all that apply:*

- This individual has no “safety net,” such as nearby family or friends, who can offer assistance.
- This individual is amongst those most adversely affected by this emergency.
- This individual is one of the most economically disadvantaged persons affected by this emergency and lacks the basic resources necessary to cope with the resulting hardships.
- This individual has a large number of dependents.
- This individual (or a member of the household) is gravely ill and requires medical attention.
- This individual (or a member of the household) is physically disabled or handicapped.
- This individual (or a member of the household) is emotionally traumatized/psychologically fragile.
- This individual (or a member of the household) is of advanced age.
- Other: \_\_\_\_\_

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## Section 6 – Foundation Approval

### Amount of Emergency Assistance Grant

The Foundation may give an individual or household a maximum of \$5,000 in a single lump sum within three months of the date of the emergency. Please indicate below the total amount of assistance the Foundation would like to approve.

**Total Grant Approved**      \$ \_\_\_\_\_

\_\_\_\_\_

Initials of  
Authorized Person

As an authorized person of the Foundation, I declare that no substantial contributor to the Foundation, nor any of the Foundation's officers, directors, and/or trustees and members of their respective families or households, will benefit, either directly or indirectly, from the making of this gift. I further declare that this gift is unrestricted and that the Foundation has not required the applicant to use the proceeds of this gift for travel, study, or similar purposes. Finally, I declare that the proceeds of this gift will not be used to influence legislation or the outcome of any specific public election, to finance voter registration drives, or to satisfy the charitable pledges or obligations of any person or organization other than the Foundation.

Name of Foundation \_\_\_\_\_  
Please Print

Name of Authorized Person \_\_\_\_\_  
Please Print

**SIGN HERE >** \_\_\_\_\_ **DATE >** \_\_\_\_\_

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### FOUNDATION SOURCE CLIENTS ONLY:

Once the applicant's eligibility for assistance has been confirmed, the grant will be processed and the grant check will be sent to you for delivery to the applicant.

\_\_\_\_\_

Initials of  
Authorized Person

I agree to deliver to the applicant of this form the grant check provided to me by Foundation Source. I agree to deliver the check promptly upon receipt, and, in any case, not later than the last day of the Foundation's taxable year in which I receive the grant check. I understand that Foundation Source relies upon proper delivery on or before this deadline, and that Foundation Source will have no liability whatsoever in the event that such delivery is not made on a timely basis.

### Please mail or fax this completed application to:

**Foundation Source**  
**55 Walls Drive, 3rd Floor**  
**Fairfield, CT 06824**  
**Fax: (800) 839-1764**

**Faxing this application will enable us to process it without delay, but please be sure to mail us the original signed document for the Foundation's records.**

**If you have any questions about how to fill out this application, please call Foundation Source at 800-839-1754.**

# Attachment to Application for Emergency Assistance Photos – Hurricane Maria, Canefield, Dominica (1 of 2)



# Attachment to Application for Emergency Assistance Photos – Hurricane Maria, Cataño, Puerto Rico (2 of 2)





## **ABOUT FOUNDATION SOURCE**

**[www.foundationsource.com](http://www.foundationsource.com)**

Foundation Source is the nation's largest provider of comprehensive support services for private foundations. The company's administrative services, online foundation management tools, compliance, and philanthropic advisory services provide a complete outsourced solution, including the creation of new foundations. Our clients supply the vision; we provide everything else.

Now in our second decade, Foundation Source provides its services to more than 1,300 family, corporate, and professionally staffed foundations, of all sizes, nationwide. We work in partnership with wealth management firms, law firms, accounting firms, and family offices as well as directly with individuals and families. Foundation Source is headquartered in Fairfield, Connecticut.

Have a question? Call 800.839.0054 or  
send us an email at [info@foundationsource.com](mailto:info@foundationsource.com).

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