

OVERVIEW

The following form was developed to provide a mechanism to provide rapid relief while remaining in compliance with IRS regulations regarding disaster relief to individuals. The foundation’s decision about how its funds will be distributed must be based on an objective evaluation of the victim’s needs and loss at the time the grant is made.

Immediately after a grant request is submitted the Foundation will acknowledge the submission, we estimate it could take up to 60 days to approve and distribute grant funds or alert the applicant that their request was denied. The reason it could take that much time is because we work to raise as much funds as possible for each grant applicant.

Eligibility is based on if the applicant lives or works in an AD member or supplier community and was impacted by a natural disaster. Individuals and families do not have to be totally destitute to be eligible to receive assistance; they may be temporarily unable to be self-sufficient as a result of sudden & severe emergency.

Under established rules, charitable funds cannot be distributed to individuals merely because they are victims of a disaster. In any event, there are no restrictions on the grant recipient’s use of donated material or grant funds.

Please be advised, the IRS requires that foundations make their annual returns open to public inspection and disclose a grant recipient’s identity and address, the grant amount, and a description of the grant purpose.

| | |
|------------------------------|--|
| Purpose | Material and or cash grants for individuals and families who require assistance due to dsaster, such as a hurricanes, wildfires, tornadoes, earthquakes, etc. |
| Who qualifies for assistance | Eligibility is based on if the applicant lives or works in an AD member or supplier community and was impacted by a natural disaster. And if individuals and families are temporarily unable to be self-sufficient as a result of sudden & severe emergency. |
| Application deadline | Due to the immediacy of this form of assistance, this application must be submitted within 5 weeks of the disaster. |
| How to apply | Sections 1-4 should be filled out by the nominator or the applicant. The completed form should be returned to foundation@adhq.com or 500 E. Swedesford Road, Wayne PA 19087 |

**GENERAL APPLICANT INFO
SECTION 1**

Last Name

First Name

Middle Initial

Home Address

Apartment No.

City

State

Zip

Phone

Email Address

Company Name (If Applicable)

Title / Years Employed (Optional)

**INFORMATION ABOUT THE APPLICANT'S HOUSEHOLD
SECTION 2**

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 the applicant as reported on their tax return, if applicable. Attach additional sheet(s) if necessary.

| | | | |
|---|--|---------------|------------------------|
| 1 | Applicant full name (first, middle, last): | Date of Birth | Last 4 Digits of S.S.# |
| | | ___/___/___ | |
| 2 | Full name of the 2nd person in household (first, middle, last): | Date of Birth | Last 4 Digits of S.S.# |
| | | ___/___/___ | |
| | Relationship to applicant: | | |
| | Full name of the 3rd person in household (first, middle, last): | Date of Birth | Last 4 Digits of S.S.# |

| | | | |
|---|--|---------------|------------------------|
| 3 | | ___/___/___ | |
| | Relationship to applicant: | | |
| 4 | Full name of the 4th person in household (first, middle, last): | Date of Birth | Last 4 Digits of S.S.# |
| | | ___/___/___ | |
| | Relationship to applicant: | | |
| 5 | Full name of the 5th person in household (first, middle, last): | Date of Birth | Last 4 Digits of S.S.# |
| | | ___/___/___ | |
| | Relationship to applicant: | | |
| 6 | Full name of the 6th person in household (first, middle, last): | Date of Birth | Last 4 Digits of S.S.# |
| | | ___/___/___ | |
| | Relationship to applicant: | | |

**CRISIS INFORMATION
SECTION 3**

What is the name, nature, date and location of the disaster?

As of the date of the application please describe the losses:

What are the financial gaps between the insurance funds received or expected and what is needed?

As of the date of the application, what are the financial gaps between the FEMA / government assistance received or expected and what is needed?

Has the applicant's family been displaced from their home? If so, where are they living?

**CRISIS INFORMATION
SECTION 3 (Continued)**

What outcomes are expected as a result of the grant?

Did the applicant lose a job or income due to the disaster? What is the financial impact of that loss on the applicant and their family?

Did they help others during the disaster? If so, what did they do?

Did they witness the disaster? Please share their story if you feel comfortable doing so:

**CRISIS INFORMATION
SECTION 3 (Continued)**

Would the applicant be okay if we anonymously shared their story with our community?

Yes No

Please validate that there are no family relations between the grant the grantee and any officers or directors of the AD Disaster Relief Foundation.

What is the exact dollar amount requested from the AD Disaster Relief Foundation? *If the request exceeds \$5,000 the applicant will need to answer additional questions in Schedule A.*

Does the applicant need any construction or industrial supplies to help clean up or rebuild their home? If so, what is needed and what quantity? We will add the requested items to our site to see if we can collect those items as in kind donations.

**TO BE FILLED OUT BY GRANT APPLICANT ONLY IF GRANT REQUEST EXCEEDS \$5,000
SCHEDULE A**

What is the applicant's approximate gross monthly income?

What are the applicant's approximate monthly expenses?

Mortgage or rent:

Car payments:

Childcare payments:

Other:

Are the Applicant's losses insured? If so, what is the gap between expected insurance proceeds and the amount needed to rebuild?

Please provide a summary balance sheet showing the value of the applicant's liquid assets.

**APPLICANT'S DECLARATION
SECTION 4**

I affirm that any losses I may have suffered in connection with the emergency for which I have requested assistance have not been covered to date by insurance, funds available through governmental or other agencies, federal or state relief funds, or readily available personal financial resources. I affirm that I meet the eligibility requirements for emergency assistance described above. I affirm that all the information I have given to qualify for disaster relief 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.

I agree to notify the Foundation promptly if my circumstances substantially change or unexpected funds are received before Foundation assistance is received.

Upon request, I agree to provide the AD Disaster Relief 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 tax 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, other material support, and a description of the purpose. I understand that, if I receive a grant or material, 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

**TO BE COMPLETED BY THE NOMINATOR (Not the grant applicant)
SECTION 5**

Nominating person's name

Your organization's name

Address City State Zip

Phone Email Address

How long have you known the applicant and/or the members of his or her household?

Describe your relationship with the applicant:

Based on your familiarity with the applicant's circumstance, what key factors support the applicant's need for disaster relief?

I affirm that all the information I have provided above to assist the named applicant in qualifying for disaster relief is complete, correct, and true to the best of my knowledge.

SIGN HERE

DATE

**TO BE COMPLETED BY THE AD DISASTER RELIEF FOUNDATION
SECTION 6**

Situation Analysis by Grant Review Committee
in Evaluating a Proposed Grant to Individual

What factors influenced the Foundation to provide disaster relief to this particular individual and/or household?

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 disaster.
- This individual is one of the most economically disadvantaged persons affected by the disaster.
- This individual lacks the resources necessary to cope with the resulting hardships.
- This individual has a large number of dependents.
- This individual (or member of the household) is physically disabled or handicapped.
- This individual (or member of the household) is of advanced age.
- This individual or family has been displaced from their home.

Briefly describe any other factors that influenced the Foundation's decision to provide disaster relief:

**TO BE COMPLETED BY THE AD DISASTER RELIEF FOUNDATION
SECTION 6 (Continued)**

Total Grant Approved \$

As an authorized officer or trustee of the AD Disaster Relief 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 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 the Authorized (Please Print)
Officer or Trustee

SIGN HERE

DATE

*******IMPORTANT*******

To submit this form, please do one of the following:

Mail to:

AD Disaster Relief Foundation
500 East Swedesford Road
Wayne, PA 19087

Email to:

foundation@adhq.com