



DISASTER ASSISTANCE APPLICATION

Foundation File # _____

Purpose of Application: House Fire Other _____

Foundation Regulations Appendix A

5 Disaster Victim Assistance

- a) Upon knowledge of the disaster to a family, the Lodge is to contact the Foundation Secretary by phone. Requests for emergency disaster assistance may be initially applied for by telephone contact with the Foundation Office.
- b) Financial assistance would be made available upon the receipt of the phone call/request.
- c) Funds will be provided for the **family's principal residence only**, if burnt or destroyed.
- d) Each household will **only** be allowed **one (1)** grant of \$500. Any further assistance will need to be applied for as a personal assistance grant application.
- e) The cheque will be made payable to the **family involved**, or to the applying lodge in reimbursement.
- f) The Secretary-Treasurer is authorized to issue said cheque with a single signature.
- g) At the first lodge meeting following the disaster, a motion will be passed by the Lodge authorizing the application for assistance. **A copy of the minutes is to be forwarded as soon as possible to the Foundation Office along with the application form.** The financial assistance will be recorded as a grant from the Foundation.
- h) Requests for Disaster Victim Assistance involving an emergency as a result of a natural disaster, affecting a large area / population will not be eligible.
- i) The application for Disaster Victim Assistance shall only be made by Lodges in the jurisdiction of the Alberta Elks.

Once the application is complete it can be sent to the Foundation by email: albertaelksfoundation@gmail.com or by mail. When minutes are available, they can also be sent by email or mail.

DISASTER ASSISTANCE APPLICATION

LODGE INFORMATION		
Lodge Name & Number:		
Mailing Address:		
Contact Name & Phone Number:		
Email:		
GRANT INFORMATION		
Name of Family:		
Address of Family:		
Location of Disaster:		
Number of Family Members:	Adults #	Children (under 18) #
FINANCIAL INFORMATION		
Lodge Contribution Amount:	\$	

DECLARATION

Dated this _____ day of _____, 20_____

Exalted Ruler/Honoured Royal Lady Signature: _____

Print Name: _____

Secretary or Secretary/Treasurer Signature: _____

Print Name: _____