

# APPLICATION FOR EMERGENCY ASSISTANCE

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# Overview

The attached form was developed by Foundation Source to provide a mechanism to provide rapid relief to individuals and families who are temporarily unable to be self-sufficient as a result of a sudden and severe emergency. 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. 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. If a grant is made outside of the U.S., the foundation must take into account the local cost of living and currency values in determining the appropriate grant amount. 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 for personal emergency and disaster relief to individuals:

**Sections 1 - 5** 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 6** to be completed by the foundation, describes the factors that influenced the board's decision to provide emergency assistance to a particular applicant 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 7** 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 indefinite or 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 clergy, local charities, community organizations and social workers, reading newspaper and magazine articles, and establishing other channels.

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# Application for Emergency Assistance

<b>Purpose</b>	One-time grant of up to \$6,500 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>Eligibility requirements</b>	Individuals and families temporarily unable to be financially self-sufficient as a direct 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 the immediacy of this form of assistance, this application must be submitted within approximately six weeks of the date of the emergency.
<b>How to apply</b>	<b>Sections 1 - 5</b> should be filled out by the applicant. The completed form should be returned to the person who gave it to you. <b>Sections 6 - 7</b> should be completed by the foundation.

## Section 1 – General Applicant Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address Line 1: \_\_\_\_\_

Home Address Line 2: \_\_\_\_\_

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	Full Name	Date of Birth (MM/DD/YYYY)	Last 4 Digits of S.S.#
	First M.I. Last		
2	Full name of the 2nd person in your household	Date of Birth (MM/DD/YYYY)	Last 4 Digits of S.S.#
	First M.I. Last		
	Relationship to you:		
3	Full name of the 3rd person in your household	Date of Birth (MM/DD/YYYY)	Last 4 Digits of S.S.#
	First M.I. Last		
	Relationship to you:		
4	Full name of the 4th person in your household	Date of Birth (MM/DD/YYYY)	Last 4 Digits of S.S.#
	First M.I. Last		
	Relationship to you:		
5	Full name of the 5th person in your household	Date of Birth (MM/DD/YYYY)	Last 4 Digits of S.S.#
	First M.I. Last		
	Relationship to you:		
6	Full name of the 6th person in your household	Date of Birth (MM/DD/YYYY)	Last 4 Digits of S.S.#
	First M.I. Last		
	Relationship to you:		

**Section 3 – Information About the Emergency**

Name of Applicant: \_\_\_\_\_

Approximate Date of Emergency: \_\_\_\_\_

Briefly describe the nature of the emergency below:

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**Section 4 – Needs Assessment**

FACTORS SUPPORTING REQUEST FOR EMERGENCY RELIEF	PLEASE CHECK ALL FACTORS THAT APPLY:
I have no “safety net,” such as nearby family or friends, who can offer assistance	<input type="checkbox"/>
I lack the basic resources necessary to cope with the hard-ships created by this emergency	<input type="checkbox"/>
I have a large number of dependents	<input type="checkbox"/>
I am (or a member of my household is) gravely ill and require medical attention	<input type="checkbox"/>
I am (or a member of my household is) physically or mentally disabled	<input type="checkbox"/>
I am (or a member of my household is) emotionally traumatized/ psychologically fragile	<input type="checkbox"/>
I am (or a member of my household is) of advanced age	<input type="checkbox"/>

**BRIEFLY DESCRIBE ANY OTHER SPECIAL FACTORS SUPPORTING YOUR REQUEST FOR EMERGENCY RELIEF:**

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**Section 5 – Applicant's Declaration**

I certify that I meet the eligibility requirements for emergency assistance described above and that all the information I have provided to qualify for such assistance is complete, correct, and true to the best of my knowledge. Any losses I may have suffered in connection with this emergency 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 further certify that the foundation making this gift (the Foundation) has not required me to use the proceeds of this gift for travel, study, or similar purposes. 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 an alternate address below to be used in place of my home address.

Alternate 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 6 – Situation Analysis

Name of Applicant: \_\_\_\_\_

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 refer to Section 4, the Needs Assessment, completed by the applicant, and indicate any factors that influenced the foundation to provide emergency assistance based on the description of need and input provided by the above referral source(s).

FACTORS SUPPORTING REQUEST FOR EMERGENCY RELIEF	PLEASE CHECK ALL FACTORS THAT APPLY:
The applicant has no “safety net,” such as nearby family or friends, who can offer assistance	<input type="checkbox"/>
The applicant lacks the basic resources necessary to cope with the hardships created by this emergency	<input type="checkbox"/>
The applicant has a large number of dependents	<input type="checkbox"/>
The applicant (or a member of the household is) gravely ill and requires medical attention	<input type="checkbox"/>
The applicant (or a member of the household is) physically or mentally disabled	<input type="checkbox"/>
The applicant (or a member of the household is) emotionally traumatized/psychologically fragile	<input type="checkbox"/>
The applicant (or a member of the household is) of advanced age	<input type="checkbox"/>

**BRIEFLY DESCRIBE ANY OTHER SPECIAL FACTORS SUPPORTING THE REQUEST FOR EMERGENCY RELIEF:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 7 – Foundation Approval**

**Name of Applicant:** \_\_\_\_\_

Please indicate below the amount of assistance the foundation would like to approve up to the \$6,500 maximum.

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

Once the applicant’s eligibility for assistance has been confirmed, the initial grant will be processed and, at your option, the grant check will either be mailed directly to the applicant’s home address, sent to you for delivery to the applicant, or sent to a third party for delivery to the applicant.

**DELIVERY OPTIONS:**

- Send check to applicant’s home address.**
- Send check to me.**
- Send check to the third party indicated below to deliver to the applicant.**

Entity Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, I certify that I am authorized to sign this application on behalf of the below named foundation (the Foundation) and that I have reviewed this application and determined that the applicant has met the eligibility requirements for this grant. 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 the Foundation has not required the applicant to use the proceeds of this gift for travel, study, or similar purposes. I also declare that the proceeds of this gift will not be used to influence legislation or the outcome of any specific public election or to finance voter registration drives. Moreover, I declare that the proceeds of this gift will not be used to satisfy the charitable pledge or obligation of any “disqualified person” with respect to the Foundation, as that term is defined in Section 4946 of the Internal Revenue Code. Additionally, I declare that the grant amount was determined based upon an assessment of the information provided by the applicant, such amount is no more than is necessary to meet the applicant’s basic needs and, if the grant was made to an applicant outside of the U.S., the Foundation has taken into account the local cost of living and currency values in determining the appropriate grant amount.

Finally, whether I have instructed Foundation Source above to send the grant check to me or to a third party for delivery to the applicant, I understand that the Foundation, for tax reporting purposes, relies upon the check’s delivery to the applicant by no later than the last day of the Foundation’s tax year in which the check is received by me or the third party. In either case, I understand that Foundation Source will have no liability whatsoever in the event that such delivery is not made on a timely basis.

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

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

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

**Please email this completed application to your Private Client Advisor. If you have any questions about how to fill out this application, please call Foundation Source at 800-839-1754 or contact your Private Client Advisor.**

This application is intended for use by clients of Foundation Source. If you are not a Foundation Source client and are using this application, please be advised that Foundation Source makes no representation or warranty, express or implied, with respect to this application, including without limitation, with respect to the accuracy, completeness, timeliness, noninfringement, merchantability or fitness for a particular purpose of this application, and Foundation Source hereby disclaims any such express or implied warranties.

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