

# **THE RIPON COMMUNITY EMERGENCY FUND**

## **A fund of The Community Foundation of San Joaquin**

### **GRANT APPLICATION FOR EMERGENCY FUND ASSISTANCE**

#### **WHAT IS THE PURPOSE OF THE EMERGENCY FUND?**

The Ripon Community Emergency Fund (“Emergency Fund”) was established at The Community Foundation of San Joaquin, to provide limited financial assistance to present and future residents of the City of Ripon, California, (“Charitable Class”) who incur Qualifying Expenses as a direct result of experiencing a Qualifying Emergency that results in Economic Hardship. Applications for grant assistance are reviewed by an Advisory Committee comprised of representative of the City of Ripon, California. The Fund is administered by The Community Foundation of San Joaquin.

#### **WHO IS ELIGIBLE TO APPLY FOR GRANT ASSISTANCE?**

In order to be eligible to receive assistance from the Emergency Fund, an applicant must be a resident of the City of Ripon, California. The applicant must have also incurred a Qualifying Expense as a direct result of experiencing a Qualifying Emergency that results in Economic Hardship.

#### **WHAT IS A QUALIFYING EMERGENCY?**

An applicant (or in the case of death, a survivor) must have experienced a Qualifying Emergency within the past 12 months. Generally, a Qualifying Emergency is defined as an unexpected incident that happens to an individual that involves any of the following:

- a. Serious illness or accidental injury
- b. Fire, flood or natural disaster
- c. Military deployment
- d. Violent crime
- e. Death

The Qualifying Emergency must have arisen from circumstances outside of the applicant’s control.

#### **WHAT TYPES OF EXPENSES ARE COVERED?**

An applicant must also have incurred a Qualifying Expense as a direct result of experiencing a Qualifying Emergency. Qualifying Expenses are meant to be essential expenses that affect an individual’s basic needs. These include:

- a. Medical expenses not eligible for reimbursement by insurance
- b. Housing (rent, mortgage and/or security deposit)
- c. Utilities (water, gas, electric)
- d. Food
- e. Travel

#### **WHAT CONSTITUTES ECONOMIC HARDSHIP?**

In addition to sustaining a Qualifying Expense, there must also be accompanying Economic Hardship. The means test used to determine whether an applicant has an Economic Hardship to pay a Qualifying Expense, is if:

- a. the applicant’s household income was less than the Median Household Income (“MHI”) for the City of Ripon, according to the most recent United States Census Bureau Report, *or*
- b. incurred out-of-pocket expenses resulting from the Qualifying Emergency that exceed the applicant’s average gross monthly income for the 12 month period ending with the month in which the Qualifying Emergency expense(s) were incurred.

#### **WHAT IS THE MAXIMUM AMOUNT I CAN RECEIVE IN ASSISTANCE?**

Generally, the maximum grant amount available for assistance is \$2,500 during any 12-month period. All payments are

made directly to vendors as bill payments; assistance funds cannot be sent directly to applicants.

### SECTION A: CONTACT INFORMATION

**Applicant Name** (please print clearly): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How many people in your household? \_\_\_\_\_ (Adults +18 years) \_\_\_\_\_ (Children -18 years)

Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Is it okay to leave you a message?  YES  NO

Other Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Is it okay to leave you a message?  YES  NO

Email: \_\_\_\_\_ Should we use email to contact you?  YES  NO

### SECTION B: DESCRIBE YOUR EMERGENCY

Please mark the type of emergency that you are applying under:

- Serious illness or accidental injury
- Fire, flood or natural disaster
- Military deployment
- Violent crime
- Death

Date the emergency occurred: \_\_\_\_\_ (dd/mm/yyyy)

Please describe the Emergency in detail.

### SECTION C: DESCRIBE YOUR ECONOMIC HARDSHIP

Describe how the incident has caused your household economic hardship.

Is your household income less than \$82,141? Yes | No

Does the amount of total out-of-pocket expenses resulting from the emergency exceed the average gross monthly income for the 12 month period ending with the month in which the emergency expense(s) were incurred?

Yes | No

Estimate the financial impact of the incident: How much will this cost you? \_\_\_\_\_

---

---

---

Please tell us anything else that would help us understand the hardship you or your family are experiencing. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION D: QUALIFYING EXPENSES**

Please mark the type of expenses for which you are seeking assistance:

- Medical expenses not eligible for reimbursement by insurance
- Housing (rent, mortgage and/or security deposit)
- Utilities (water, gas, electric)
- Food
- Travel

**All grants are made directly to vendors as bill payments; no assistance funds will be sent directly to you, and no reimbursements can be made.**

Provide the name of the vendor to be paid, the complete address, the account number or identifying information, amount due, and due date. Generally, because the maximum grant amount is \$2,500, you should list the vendors in order of priority. **For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc.).**

**NOTE : We cannot make payments without clear, complete information including full account numbers or other payment information, addresses and documentation. Omitting this information or copies of your bills will delay your application significantly.**

<b>Vendor/Biller Name</b>	
<b>Complete Mailing Address for Payment</b>	
<b>Basic Need Covered</b>	
<b>Payment Amount &amp; Due Date</b>	
<b>Account Number or Identifying Information</b>	

<b>Vendor/Biller Name</b>	
<b>Complete Mailing Address for Payment</b>	
<b>Basic Need Covered</b>	
<b>Payment Amount &amp; Due Date</b>	
<b>Account Number or Identifying Information</b>	

<b>Vendor/Biller Name</b>	
<b>Complete Mailing Address for Payment</b>	
<b>Basic Need Covered</b>	
<b>Payment Amount &amp; Due Date</b>	
<b>Account Number or Identifying Information</b>	

## **Application Checklist:**

### **Did you do the following?**

- Carefully read the requirements to see if you qualify
- Complete all sections of the application
- Check Section D that your grant requests are allowed by the program
- Read and sign Section E: Declarations and Agreement (this page)

### **Be sure you are sending:**

- All pages of your application
- Documentation of your incident such as: medical documents, incident reports, obituary, FMLA, etc.
- Copies of payment documentation such as: bills, lease, mortgage statement, repair estimates, etc.

## **SECTION E: DECLARATIONS AND AGREEMENT**

Your signature below certifies that the information provided is true and complete, authorizes The Community Foundation of San Joaquin to obtain and/or verify all information necessary to process this application, and releases The Community Foundation of San Joaquin from any liability associated with the rejection of or funding of this application. Remember that the maximum amount any applicant can receive in a 12-month period is \$2,500.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **SUBMITTING YOUR APPLICATION**

**Submit your completed and signed application with requested documentation in one of these ways:**

**EMAIL:** Scan all pages and email to [riponemergencygrants@cfosj.org](mailto:riponemergencygrants@cfosj.org) with your name in the subject line.

**FAX:** Fax single-sided pages of your application and documents to **209-593-2333**. Do not fax photographs; you can submit photographs separately by email or by mail if needed.

**MAIL:** Make copies of everything you send to us, and mail your application and documents to:

**Ripon Community Emergency Fund  
The Community Foundation of San Joaquin  
6735 Herndon Place, Suite B  
Stockton, CA 95219**