



Disaster Relief Application

We, at the ARVC Foundation, are so sorry to hear of the losses you and your team have experienced due to the recent natural disaster. If you are in need during this challenging time, please consider completing this application to be considered for a financial grant to assist while you determine next steps with your team and insurance provider.

PART ONE

Please complete the following application **in full**. Partial applications will not be considered. If you need assistance completing this form, please contact Susan Motley at susan.motley@arvc.org.

**Completion of this application does not guarantee grant funds. Final decisions will be made based on availability of funds and identified need/s.*

Park Name _____

Name of Park Owner (Applicant): _____
Please print

Park Address (not PO Box): _____

City _____ State _____ Zip _____

NOTE: You may not be reachable at the park address, so please give the address where you can be reached below.

Current Reachable Address: _____

City _____ State _____ Zip _____

Phone Number (where you can currently be reached): _____

E-mail Address: _____

PART TWO

I am applying for a:

NOTE: You may apply for all three. This application can be submitted only one time per park per emergency.

- Grant of up to \$1,000 for Interim Relief - Personal Use
- Grant of up to \$3,000 for Interim Relief - Business
- Grant of up to \$1,000 for Providing Shelter, Food, Clothing, etc., for Victims of a Natural Disaster Including Park Staff

Total Amount Requested: \$ _____

Please type your responses to the following on a separate sheet of paper with your name on the top of each page (If you do not have access to a computer and must handwrite, please write clearly.)

1. Provide a statement describing the nature of your emergency and an explanation of how you intend to use the funds from each grant type.
2. Provide photos showing damage for which you are seeking interim assistance to repair.
3. If you plan to or have been providing shelter, food, clothing or other assistance to victims of the disaster, please enumerate your charitable expenses provided to the disaster victims: i.e. the number of sites, number of nights and the nightly fee of sites provided to refugees at no cost; the number of meals provided and the cost per meal, other charitable costs associated with housing the refugees or providing for a park employee(s).
4. If you are requesting funds to provide assistance to a park employee, please provide information about the employee's employment history, the employee's loss, living situation and needs, what support the park ownership is providing and how the park owner proposes to use the funds provided by the ARVC Foundation for the employees benefit.

Please submit your application and all attachments to Susan Motley at susan.motley@arvc.org and/or by mail to: Susan Motley, ARVC Foundation, 9085 E. Mineral Cir, #200, Centennial, CO 80112.

Signature of Applicant

Date