



Emergency Relief Fund Grant Application for Individuals

Purpose: Support tornado relief, recovery, and rebuilding efforts for residents and communities affected by the April 17 tornado in Marathon County, including grants to qualified charitable organizations and, where permitted, direct charitable assistance to individuals experiencing disaster-related hardship.

Application Deadline: Ongoing

Questions? Contact Kelly Price, Director of Programs & Donor Relations, at kelly@cfoncw.org or 715-598-5986.

Once the application is complete, please return to the Community Foundation of North Central Wisconsin, 200 Washington St., Ste. 120, Wausau, WI 54403.

Name:

Address:

City/State/Zip Code:

Phone Number:

Email Address:

Number of People Served

Please detail the number of people in your immediate family that will be served.

Amount Requested

Please provide an exact dollar amount requested.

Service(s) to be provided

What service(s) are you requesting?

- Clothing
- Food Service
- Home Clean-up & Essential Repairs
- Medical Needs
- Replacement of Basic Necessities
- Temporary Lodging
- Transportation
- Other

Other Service(s) Provided

If checked other, please list the service(s) you will provide.

Services/Items Requested

Please provide a list of services or items requested and a cost for each.

Relief Project Description

Please specify what you and your family are currently experiencing and indicate how you (and your family) will benefit from the fund.

Collaboration

If you are requesting funds from or working with other organizations for assistance, or are receiving state and/or federal aid, please list those organizations here.

Grant Agreement Acknowledgment

Please review the following and confirm your agreement before submitting your application.

If awarded funds, you will be required to enter into a grant agreement that includes the following terms, along with other standard conditions:

- I agree to use all grant funds for eligible disaster relief needs within the approved project area and during the designated grant period.
- I agree that if I am unable to use all awarded funds within the grant period, I will request an extension. If an extension is not approved, or if funds remain unused after the extension period, I will return any remaining funds.
- I agree to submit a final report describing how the grant funds were used.

By selecting "I agree," I confirm that I understand and accept these requirements.

I Agree

Applicant Signature:

Printed Name:

Date: