



## Emergency Relief Fund Deductible 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:** August 31, 2026

**Questions?** Contact Kelly Price, Director of Programs & Donor Relations, at [kelly@cfoncw.org](mailto: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.*

### Deductible Amount Paid

*Please provide the deductible amount paid to insurance.*

### Wind/Hail Deductible Amount Paid

*If applicable, please provide the additional deductible amount paid to insurance.*

**Address of the Property that Sustained Damage**

*Please provide the address of the property in Marathon County that sustained tornado damage.*

**Insurance Company & Agent Information**

*Please provide the name of your insurance company and the name of your insurance agent.*

**Claim Number**

**Insurance Declaration Page**

*Please attach a copy of your insurance declaration page, along with any additional insurance documentation that may help us better understand the request.*

**Grant Agreement Acknowledgment**

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

I agree that the statements contained in this application are true and correct to the best of my knowledge. I also agree that, if selected, I will use the funds granted for the purpose as proposed and approved by the Community Foundation of North Central Wisconsin.

By selecting "I agree," I confirm that I understand and accept this requirement.

I Agree

Applicant Signature:

Printed Name:

Date: