

Disaster Relief Fund Application

Equipment Dealers Foundation

**1195 Smizer Mill Rd
Fenton, MO 63026
636/349-5000
Fax: 636/349-5443**

**Equipment Dealers Foundation is the publicly supported 501(c)(3) charitable organization of the
North American Equipment Dealers Association**



Equipment Dealers Foundation (EDF) Disaster Relief Fund

Purpose: The Equipment Dealers Foundation Disaster Relief Fund (fund) was established by North American Equipment Dealers Association and its affiliated associations to provide grants to equipment dealers and their employees in disaster areas for losses not covered by insurance and property damaged or destroyed. The fund is designed to help offset some of the financial demands faced by those affected by the disaster. Grants from the fund may be used for food, living expenses, temporary accommodation, home repair, home replacement, permanent home construction, transportation accommodation, and other approved needs.

Process: Complete the enclosed application and return by mail or fax to:

**Equipment Dealers Foundation
Disaster Relief Fund
1195 Smizer Mill Rd
Fenton, MO 63026
Phone: 636/349-5000
Fax: 636/349-5443**

After receiving the application, the equipment dealership's owner/principal will be contacted to verify the employee's status and other information, if needed. If the applicant is the dealer principal, the NAEDA-affiliated association to which the dealer belongs will complete verification.

Once your employment status and needs are verified by the dealership owner/principal, your application will be forwarded to the EDF Review Committee. If approved for assistance, a check will be mailed. If an application is rejected, you will receive a letter stating why the application was not approved.

Eligibility Requirements for Program Assistance

- Must have been an employee of an equipment dealership in the federally declared disaster area on the day of the disaster.
- Losses must be in an area that has been declared a federal disaster area.
- Your home is/was in an area that has been declared a federal disaster area and the place where you were living at the time of the disaster.
- You have qualifying expenses or needs because of the disaster.
- Grant preference will be given to NAEDA-affiliated dealers.

Important Information about EDF Grants

- Grant does not have to be repaid.
- Grant is not taxable.
- Grant is not counted as income or a resource in determining eligibility for welfare, income assistance, or income-tested benefit programs funded by the federal government.
- Grant is exempt from garnishment, seizure, encumbrance, levy, execution, pledge, attachment, release, or waiver.
- Grant may not be reassigned or transferred to another person.

Eligible Assistance

Your application for assistance must meet one or more of the required conditions. Below is an explanation of the assistance categories:

- **Dental:** Money to address the cost of dental treatments due to dental injuries received during the disaster.
- **Home Repair:** Money, available to homeowners, to address the cost of labor and materials for repairs to your home to make it safe and sanitary.
- **Housing Assistance:** Help with the cost of disaster-related housing needs.
- **Medical:** Money to address the cost of medical treatment or the purchase of medical equipment required because of physical injuries received as a result of the disaster.
- **Moving and Storage:** Money to address the costs of moving and storing personal property from the disaster-damaged dwelling to avoid additional disaster-related damage.
- **Other:** Money to address the cost of other specific disaster-related needs approved for the disaster.
- **Personal Property:** Money to address the cost of repairing or replacing disaster-damaged items, such as furniture, bedding, appliances, clothing, and tools.
- **Rental Assistance:** Money to address cost of renting another place to live.
- **Temporary Accommodation:** Money to address the cost of temporary lodging expenses (hotel or motel) related to the disaster.
- **Transportation:** Money to address the cost of repairing or replacing your vehicle that is no longer usable because of disaster-related damage.

If you have any questions about your request or consideration thereof, please call or write the Equipment Dealers Foundation. If someone outside of your household is submitting the application or appeal for you, the application or appeal also must contain a statement signed by you giving that person your authorization to apply for assistance or file an application to request information about the application or appeal.

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Name _____
Home Address _____
City, State, Zip _____ County _____
Telephone _____ Cell _____

Please provide your temporary contact information (if different than above)

Address _____ City, State, Zip _____
Telephone _____ Cell _____

Please provide the equipment dealership information (employing dealer)

Dealership Name _____
Principal's Name _____
Address _____ City, State, Zip _____
Telephone _____ E-Mail _____

How do you plan to use the EDF grant? See booklet for description. Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Dental | <input type="checkbox"/> Medical | <input type="checkbox"/> Rental Assistance |
| <input type="checkbox"/> Home Repair | <input type="checkbox"/> Moving & Storage | <input type="checkbox"/> Temporary Accommodation |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other (please explain) _____ | | |

What is your estimated net loss after insurance coverage? \$ _____

Certification by Applicant

I certify that I have suffered a loss due to a disaster as stated in this application and that the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal for a grant from this fund.

I understand a grant from this fund is neither a right nor entitlement and that the Equipment Dealers Foundation shall have sole discretion in determining whether I qualify for assistance. The amount requested may be reduced depending on the availability of funds. Any application in which the amount requested is reduced will be reviewed for additional funding if it becomes available.

Amount requested: \$ _____ (\$2,000 maximum)

Signed _____ Date _____

Dealer Principal / Affiliate Association Executive Verification

- () Yes () No Applicant was employed at equipment dealership on the day of the disaster.
- () Yes () No Applicant's losses are in an area that has been declared a federal disaster area.
- () Yes () No Applicant's home is/was in an area that has been declared a federal disaster area and was the applicant's official domicile at the time of the disaster.
- () Yes () No Applicant has qualifying expenses and/or needs.

Contact Name _____ Date _____

Notes _____

TO BE COMPLETED BY EDF

EDF Application Review

Date Application Received _____ Reviewed by (initials) _____

For applications missing information: Date Returned _____

Reason for return _____

EDF Review

Date Reviewed _____ Application: () Approved or () Denied

Amount Approved \$ _____ Check Date _____ Check # _____

Reason for rejection/reduction _____

