

Disaster Relief Aid

Grant Fulfillment Procedures for Disaster Relief Aid

Eligibility: In the wake of a disaster, grants will only be given to credit union employees or volunteers on a first come, first serve basis.

Grant Amounts: There is a limit of one grant per family living at the same address.

Geographic Limitations: Any resident in North or South Carolina. Applications that do not fall within these areas will not receive grant support. Non-credit union members are also excluded.

Grant Fulfillment Procedures: Grant applications are distributed to credit union employees or volunteers by the credit union president/manager or branch manager. The first page of the application is completed by the applicant, and the second page is completed by the credit union president/manager or branch manager. The grant application can be e-mailed to Lauren Whaley <a href="https://links.com/links/links

Once received, the application is logged into an excel spreadsheet that tracks the name, credit union and prioritized need. Once approved and a check is issued, the grant check will be mailed to the credit union to the attention of the CU president or branch manager. Checks are made payable to the name on the grant application.

For IRS purposes, it is extremely important that all lines of the application area are completed. Important fields that must be completed are: total annual household income, number of people living in residence, description of losses for home, structure and personal belongings. The credit union president or branch manager needs to determine the status of the grant whether it is critical, serious, or moderate. Any critical information left blank will delay the fulfillment process.

The Carolinas Credit Union Foundation was incorporated in 1993 as a charitable organization dedicated to the embodiment of the "people helping people" philosophy of credit unions. Its mission is to enrich the lives of children in the Carolinas. With the support of the credit union industry in the Carolinas, the Foundation manages local, large-scale projects with children's hospitals and non-profits, most notably with Victory Junction. The Foundation is currently partnering with Victory Junction to power its new outreach program called Reach, bringing specialized camp-style programming to children and families year-round at hospitals and Ronald McDonald Houses in the Carolinas. It also serves as a partner in philanthropy with credit unions, assisting charitable giving through donor-advised funds, managing scholarship programs, supporting small credit unions with professional development grants, and aiding disaster relief for the local, national, and global credit union communities.

For more information visit www.carolinasfoundation.org



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Grant Application Form for Credit Union Employees and Volunteers

Name(s):	Credit Union Name:	
Spouse's Name:	CU Address:	
Address:	City:	
City: Zip:	Zip:	
Day Phone Number:	Evening Phone Number:	
How many people normally live in your residence?	Adults Handicapped	Children (up to 18 years old) Elderly
Do You Rent or Own?	Total Annual Household Income:	
Have you been displaced from your home because of the	e disaster? Yes	_No
What are your current living arrangements?		
Length of Credit Union Employment/Volunteering/Mer	mbership:	
Job Title:		
What is the extent of your losses due to this disaster? De		
1. Your Home:		
2. Personal Belongings, etc.:		
Total dollar amount of expenses not covered by insur	rance/FEMA/or other outside assista	ance: \$
Amount of Grant Requested: \$		
The Carolinas Credit Union Foundation	will make the payment on all approved	grants up to the amount available
Please read the following statement, print your name	e and sign below:	
I,all funds that I may receive will be used to aid me an	d or my family to recover from dam	, swear the provided information is true and ages caused by this disaster.
(Signature of Grant Applicant)		(Date)



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For Credit Union Use Only

Please verify whether this grant applicant is a current employee or volunteer of your credit union. Grant Applicant Name: Yes No Current Credit Union **Employee**: Yes No Current Credit Union **Volunteer**: Please prioritize the needs of this grant applicant: 1. Critical 2. Serious 3. Moderate Credit Union CEO/Branch Manager Signature Date Credit Union Name and Contact for Grant Funds Credit Union Mailing Address (grant funds will be mailed here)

Return these 2 pages to:

Lauren Whaley, Carolinas Credit Union Foundation President via email at lwhaley@carolinasfoundation.org