



Request for Declared Emergency Grant

To assist the Fund in processing your Request for Financial Assistance, we need some basic information about you and your diaconal ministry:

1. Name _____ 2. Address _____
3. Phone _____
4. Date of Birth _____ Email address _____
5. Date of Ordination _____ 6. Diocese of Ordination _____
7. Current Canonical Residence _____

8. Contact at Bishop's Office. This may be the bishop's executive assistant, the archdeacon or other person responsible for care of deacons in your diocese.

Name and title: _____ Phone: _____

9. Name and address of parish you serve _____
If you are not parochially assigned, describe your ministry _____

If you have retired from parish ministry, indicate here

To evaluate your request for an Emergency Grant, the Fund needs the following information: a copy of your most recent Federal Tax Return, the most recent bank statement, verification of the emergency declaration, and an explanation of your needs resulting from your emergency situation.

10. What kind of event caused your emergency? Fire Flood Public Health Weather Other (explain)

11. Is your request related to a Federal- State- or Local-Declared Emergency for weather, fire, or fiscal impact?

Yes (please provide documentation) No

If yes, have you received or do you expect to receive federal, state, or local financial assistance for this emergency? Yes No

If yes, approximately what percentage of the loss does it cover? _____

12. Result of the emergency (check all that apply): Loss of housing Loss of income Other (explain)

13. How much are you requesting from the Fund? _____ Emergency grants may be up to \$5,000.

Please submit estimates, invoices, or receipts with your application.

14. Estimated total of your current assets including savings, investments, and retirement accounts. _____

My signature below gives the Fund or their authorized person permission to contact my Diocese to obtain additional information. This authorization includes my Bishop or Archdeacon or a person appointed by them.

Date _____

Signature _____

If a qualified representative, state your relationship _____

Return application plus documentation by email to The Rev. Theresa Lewallen, Grants Administrator
grants@fundfordiaconate.org