



Southeast Emergency Preparedness Alliance, Inc.

P.O. Box 534

Walsh, CO 81090

<http://www.secahr.com/seepa.html>

Recovery Grant Application

Applicant Information

Full Name: _____ Date of Application: _____
Last/Surname First M.I.

Pre-Disaster Physical Address: _____
Street Address Apartment/Unit#

Mailing Address if Different: _____
P.O. Box

City: _____ State: _____ Zip: _____

Address of where you are currently residing at: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant's pre-disaster residence is their primary residence? Yes No

Was your pre-disaster primary residence Damaged Destroyed Not Damaged

Did you Rent, Own or Co-Own your pre-disaster primary residence

Did you have Renters Insurance Property/Content Insurance Homeowners Insurance on the pre-disaster residence?

Total Number of people in the household ____ Adults ____ Children (18 & Under)

Risk Needs Assessment

Applicant's household is currently experiencing one or more of the following (check all that apply; BOLD indicates a Health and Well-Being (HWB) priority trigger):

Medically-related needs: **No health insurance** **needs medical care**

Head of household is aged 65 or older **and is need of advocacy**

Single Head of Household **Includes children under age 5** **includes children under age 18**

Household has limited access to transportation

Household suffered damage to primary residence AND is under-insured or uninsured

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Household income is below subsistence levels (Household has limited financial resources to meet basic needs)

Household is still in the process of recovering from previous disaster

Household member has a disability and is need of advocacy

Household member is experiencing significant emotional distress

Household has urgent basic needs for: Food Shelter Clothing Other

Unmet Disaster Recovery Needs Assessment

INSTRUCTIONS: Check each category of need that is relevant for your recovery. For each category that is checked, document relevant details in the narrative below.

AD: Advocacy – Benefits (with registering or applying for benefits, e.g., food stamps, Medicaid, Social Security...)

AD: Advocacy – Legal (obtaining legal services or fees)

AD: Advocacy – Other (other advocacy needs). Specify: _____

AG: Agricultural Needs

BUS: Self-employed, small business, entrepreneurial

CL: Clothing (replacement clothing including coats, uniforms, school clothing, professional clothing, shoes)

CY: Children and Youth Services (addressing unique needs of household members under the age of 18. Including day care, recreational opportunities, and emotional care)

DA: Domestic Animal Assistance (accommodating or caring for domestic animal, service animal, or pet)

ED: Education or Job Training (obtaining education or job training to improvement employment skills)

EMP: Employment (obtaining new employment (Obtaining new employment) Type: _____

FA: Funeral Assistance (funeral costs, including memorial, transportation or disposition of remains)

FN: Functional Needs (services, devices, modifications necessary to maximize independence, safety, community involvement)

FO: Food/Nutrition

HG: Household Goods – Appliances (replacing large and small appliances)

HG: Household Goods – Furniture (replacing furniture)

HG: Household Goods – Storage (expenses associated with storage of household belongings)

HG: Household Goods – Other (replacing non-durable household goods, including kitchenware, bedding)

HO: Housing – Permanent (obtaining permanent housing, including rental deposits)

HO Housing – Temporary (obtaining temporary housing)

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- HWB: Health and Well-Being – Emotional/Spiritual Care (addressing emotional and/or spiritual needs)
- HWBY: Health and Well Being – Medical Assistance (addressing medically-related needs, including replacement of prescriptions, eyeglasses, medical equipment, or access to medical treatment)
- MP: Missing Person (locating a missing person)
- RB: Repair/Rebuild – Primary (repairing or rebuilding primary residence)
- RB: Repair/Rebuild – Other (repairing or rebuilding other structure associated with recovery needs)
- TR: Transportation (transportation including vehicle replacement, local travel or moving expenses)
- UT: Utilities (restoring or maintaining utilities, including water, electric, gas, heating oil, phone, internet)
- FM: Farm Specific Needs (farming, ranching or animal husbandry)

Funding Request

Desired Funding Amount: \$_____.

Narrative: (What do you need the money for and how did you determine your funding request): _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I certify that my requested funding will not be reimbursed to me by any other means including insurance payments or another Disaster Case Management Organization.

I certify that my request is to fulfill unmet needs as a result from the Badger Hole Fire.

I acknowledge that grant funds are limited and not every request may be funded and priorities of funding will be given health and well-being.

I (We) do hereby, **RELEASE** the Southeast Emergency Preparedness Alliance, Inc. and all other departments, agencies, boards, commissions, institutions, officials, employees, agents of the Southeast Emergency Preparedness Alliance, Inc. and participating sponsors, landowners, and volunteers from **ANY AND ALL LIABILITY**.

I (We) do hereby, **COVENANT NOT TO SUE** the Southeast Emergency Preparedness Alliance, Inc. or any other department, agencies, commissions, boards, institutions, officials, employees, agents of Southeast Emergency Preparedness Alliance, Inc. or participating sponsors, landowners, or volunteers and **AGREE to INDEMNIFY , SAVE AND FOREVER HOLD THEM AND EACH OF THEM HARMLESS** from any liability, including court costs and attorney fees incurred defending any and all claims, demands, actions against them or each of them arising out of or related to any way to my participation in the Recovery Grant Program.

Because the tax treatment of these award payments varies based on each recipient's tax status and circumstances, you should consult your tax advisor to determine the tax consequences, if any, of these payments.

Signature: _____ Date: _____

Printed Name of Applicant: _____

For assistance with the application or for questions please contact one of the following:

Jennifer Leathers – 719-529-0471

Riley Frazee – 719-252-3118

Danny Chavez – 719-241-4147

Rick Stwalley – 719-980-0068

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