**PURPOSE & GUIDELINES**

The purpose of the COVID-19 Crisis Relief Fund is to provide financial aid to our Grace Family and broader community who are in need on an urgent basis during this time of home sheltering, self-quarantines and social distancing. Thousands of people have recently lost jobs or experienced cutbacks that hurt deeply. The church recognizes that there may be unusual or extenuating circumstances beyond government provided stimulus and regular unemployment. The church has the right to adjust or to disapprove an applicant’s request and may consider providing assistance other than monetary help. The Benevolence Team administers the COVID-19 Crisis Relief Fund and all specifics regarding requests are kept strictly confidential to the Benevolence Team.

Applicants are not granted financial assistance based on relationships between church leaders or being a significant church contributor. The church does not discriminate between applicants based upon race, color, sex, national origin, age, geographic territory, or disability. The Benevolence Team may provide short-term (or emergency) assistance to ensure that an applicant has the basic necessities such as food, housing, transportation, and medical assistance (including counseling).

Assistance, when granted, is provided only directly to the individual’s creditor, with a copy of an attached bill. Based on the decision of the Benevolence Team, the bill may be only partially paid, in which the individual is responsible for the difference. Assistance may also be provided in the form of goods (such as a grocery certificate).The type of aid that is appropriate depends on the individual’s needs and available resources.

The money is granted as a gift, and repayment is not expected. However, if you are blessed in the future and would like to help someone else, you may repay the gift. It will be used to help someone else in need, as long as it has designated as for the COVID-19 Crisis Relief Fund.

Your request will be reviewed and you will be contacted if more information is needed. A failure to provide requested information or truthful information will forfeit your eligibility for COVID-19 Crisis Relief Funds. COVID-19 Crisis Relief Fund requests are considered and responded to within a week’s time. If approved, the payment will be made by Grace Community Church within a week’s time.

**BASIC REQUIREMENTS**

* Active participant at Grace Community Church (in-person / on-line) OR request is made on behalf of applicant by a participant at Grace Community Church.
* Truthfulness and accuracy in all reporting
* Need is related to a short-term financial crisis (medical emergency, accident, loss of job, etc.)
* COVID-19 Crisis Relief Fund Form is fully completed & copy of bill(s) attached for consideration

**NATURE OF REQUEST** (Briefly, explain your needs and what led you to request assistance)

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| **CREDITOR’S NAME** | **WHAT IS IT FOR** | **AMOUNT REQUESTED** |
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**APPLICANT INFORMATION**

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| --- | --- | --- | --- | --- | --- |
| APPLICANT NAME | | | | DATE: | |
| ADDRESS CITY, STATE & ZIP | | | | | |
| PHONE NUMBER & TYPE (CELL/HOME/WORK) | | | | | |
| EMAIL ADDRESS | | | | | |
|  | ATTEND GRACE IN PERSON |  | ATTEND GRACE ON-LINE |  | ON BEHALF OF BY (Requestor’s Name): |

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| Any Other Comments for Consideration of Your Request: |

I have read the Basic Requirements presented above and my request is in compliance with the requirements. **SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR OFFICE USE ONLY***

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| REVIEWED BY (MINIMUM OF 3 PERSONS: | | |
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| APPROVED: |  | YES |  | NO | |
| IF NO EXPLAIN | | | | | |
| IF YES, WHO PROCESSED REQUEST & DATE | | | | | |
| NAME: | | | | | DATE: |
| NOTES / CONSIDERATIONS: | | | | | |