



## Lumber Industry Fund for Today Application

*Mission Statement: The purpose of the disaster assistance gift is to provide NRLA member employees with immediate financial assistance and peer support in the aftermath of fire or other natural disaster that results in the loss of shelter.*

### **1.) Member Retailer/Associate/NRLA Data**

Business Name: \_\_\_\_\_

Member Contact (must be an owner or company officer): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Member Status (ie: retailer; associate): \_\_\_\_\_

### **2.) Employee Grant Applicant Information**

Employee Name: \_\_\_\_\_

Position with the Company: \_\_\_\_\_

Number of Years with the Company/In Industry: \_\_\_\_\_

Address of Location Sustaining Damages: \_\_\_\_\_

Number of years at this location \_\_\_\_\_

Temporary Address (if known): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Date Moved to Temporary Housing: \_\_\_\_\_ Estimated Days of Displacement: \_\_\_\_\_

Number of Immediate Family Members Displaced by Disaster: \_\_\_\_\_

### **3.) Incident Information**

Date of loss: \_\_\_\_\_

Property Owner's Name and Address if Different from Grant Applicant:

\_\_\_\_\_



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Please give a brief description of disaster and submit AT LEAST ONE of the following items of pertinent documentation: police and/or fire reports, building inspector report, newspaper/online news articles or photos.

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Brief Description of Need (ie: security deposit, temporary shelter, food, clothing, etc.):

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**4.) Dollar Amount Requested from LIFT (max. \$3,000):** \$ \_\_\_\_\_

**5.) Employee Verification Statement**

*I verify that all of the information completed on this application is true. I understand that the LIFT gift is to be used for disaster assistance solely by me and my dependent family as requested. Further I understand that the LIFT gift is a completely debt free, outright donation. No reimbursement or processing fees are required or expected.*

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**Grant Applicant Signature** **Date**

**6.) NRLA Member Verification Statement**

*I, \_\_\_\_\_ verify that \_\_\_\_\_ (employee name) is an employee of \_\_\_\_\_ (company) and s/he qualifies for assistance under the LBMDF's Disaster Assistance Program. I will present \_\_\_\_\_ (employee name) with the gift within 48 hours of receiving the gift check from the LBMDF. I further understand that the LIFT Gift is a completely debt free outright donation. No reimbursement is required or expected from any involved party. To the best of my knowledge, all information on this completed application is true.*

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**Employer Signature** **Date**



**7.) To maintain the LIFT Fund for the benefit of future disaster victims, I wish to make a voluntary contribution of (please circle one):**

\$750

\$1,000

Other: \$ \_\_\_\_\_

*Your contribution qualifies as a charitable contribution deduction. The Internal Revenue Service stipulates when and how much of a charitable contribution can be deducted for tax purposes, so please check with your tax advisor.*

**LBMDF Approval and Verification (will be completed by LBMDF staff):**

*This grant is awarded in the amount of \$ \_\_\_\_\_ (company) is a member in good standing of the NRLA. I further understand that this financial gift is completely debt free and involves no reimbursement either for the amount of the gift or for the processing fees.*

\_\_\_\_\_  
DAC Chair or Designee

\_\_\_\_\_  
NRLA President or Vice President

***Please submit this completed form along with any and all relevant documentation to NRLA President Rita Ferris by email at [rferris@nrla.org](mailto:rferris@nrla.org) or fax to 518.880.6353. Feel free to contact NRLA at 800.292.6752 with any questions, comments or concerns, or assistance with this form.***