**Governor’s Emergency Relief Fund**

**Request for Funding**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Long Term Recovery Committee**

**I. Long Term Recovery Committee (LTRC) Information**

A. List LTRC Officers: **[NOTE: While an elected or appointed official may serve in any of these capacities, they are not eligible to provide the final signatory approval on applications for assistance through the Governor’s Fund.]**

 Chair:

 Vice-Chair:

 Secretary:

 B. LTRC Address:

 Mailing address if different from physical address:

 C. LTRC Committee Members:

Provide names, addresses, telephone numbers and email addresses for LTRC committee members using the LTRC Committee member form provided (Attachment A1)**.**

**II. Proposed Budget**

Provide a description of the types of unmet needs that exist and what you anticipate using funds to address. The description should include a projected date for completion of service provision and close out of expenditures. Complete the Proposed Budget (Attachment A2) to provide an estimate of the number of families, individuals, or groups with unmet needs and the total amount of funds requested. **[Refer to the Governor’s Emergency Relief Fund Policy, Page 14, Section D. Eligible Unmet Needs, for additional information].**

**III. Application, Screening, Approval, and Distribution Process**

 A. Case Management

All case records must provide documentation for disaster related assistance. Describe how the case management process will work, including who will be accepting, screening and documenting applications for assistance.

 B. Duplication of Benefits

Describe in detail what actions will be taken to prevent or avoid duplication of benefits between the Governor’s Emergency Relief Fund, federal, state and local governmental agencies, non-profit agencies, private insurance and other benefits. **[Refer to Governor’s Emergency Relief Fund Policy, Page 12, Section B, Documentation, for additional information].**

 C. Approval Process

Describe the process for approving expenditures once the case management needs assessment is complete.

 D. Conflict of Interest

The local LTRC must have a plan to avoid conflict of interest situations. For example, a Committee member or their relative may apply for assistance; or an elected official, who is a member of the LTRC, may have constituents apply for assistance. Describe your plan for avoiding conflict of interest situations.

**IV. Publicity and Minority Outreach Plans**

Briefly describe how the LTRC will publicize the availability of the Governor’s Emergency Relief Fund in your community (see examples below):

* Contact non-English speaking minorities, individuals with disabilities and seniors
* Contact members of the County Commission, City Council(s), and major boards/councils for the county informing them and soliciting their assistance in getting information to the community
* Contact non-profit organizations to provide assistance to people and asking them to help spread the information
* Contact faith-based organizations
* Contact community-based organizations
* Send announcements/flyers to businesses, including minority-owned businesses
* Please list any other activities:

**V. LTRC Fiscal Agent Recommendation**

 Place a check mark in the box that indicates the status of your recommendation.

 🞏 The LTRC needs assistance in identifying a fiscal agent.

🞏 Information regarding the LTRC fiscal agent recommendation is provided below:

 A. Name and address of proposed 501 (c) 3 non-profit organization:

*Attach a copy of 501 (c) 3 certification notice and the most recent IRS Form 990.*

B. How long has the organization functioned as a non-profit organization?

C. Name, address, telephone, FAX and e-mail address of the person to receive the check made out to (name of county)County Emergency Relief Fund. [*Note: This account must be a separate account and is to be solely used for Governor’s Emergency Relief Fund receipts and disbursements*.]

Name:

Address:

Phone: Fax:

Email:

D. A minimum of two signatures is required for checks written on the Governor’s Emergency Relief Fund account. List the names of the allowed signatures for the checks. **[NOTE: Elected or appointed officials are not eligible to perform this duty. Please refer to the Governor’s Emergency Relief Fund Policy, Page 13, Section C. Authorization of Benefits, for additional information.]**

**VI. Other Issues**

 Include any additional information the County LTRC would like to provide, as well as any questions about the requirements of The Fund Policy.

**VII. Submission of LTRC Request for Funding**

 A. LTRC Request for Funding Certification:

This request is submitted on behalf of the (name of county)CountyLong Term Recovery Committee and is intended to be in compliance with the Governor’s Emergency Relief Fund Policy.

The (name of county) County Long Term Recovery Committee agrees to:

* Comply with policies and procedures described in the Governor’s Emergency Relief Fund policy material and other instructions that may be provided.
* Provide periodic reports as defined and described in the policy material.
* Return any unused funds upon completion of the approved activities.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

 Chair, Long Term Recovery Committee

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_

 Witness

 B. **Submit the completed LTRC Request for Funding to:**

 Governor’s Emergency Relief Fund Committee

 United Ways of Alabama
 8 Commerce Street, Suite 1140
 Montgomery, AL 36104
 Phone: 334-269-4505

**This Page for Use by Governor’s Emergency Relief Fund Committee Only**

**VIII. LTRC Request for Funding Decision**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County LTRC Request for Funding:

 Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County LTRC Request for Funding from the Governor’s Emergency Relief Fund has been:** ⁭ **APPROVED**  **DENIED**

** If funding is approved, the fiscal agent proposed in the Request for Funding is approved as requested.**

**OR**

** The fiscal agent will be:**

**Name of organization:**

**Address:**

**Name of Contact:**

**Address**

**Telephone Number: FAX Number**

**Email address:.**

**Explanation of denial of Request for Funding:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chair, Governor’s Emergency Relief Fund Date**

 **Oversight Committee**

**Date LTRC was notified of decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**