



**Broadcasters Foundation of America
Emergency & Disaster Grant Application
for Hurricane Harvey**

The Broadcasters Foundation of America's Emergency & Disaster Grant program provides one-time grants of \$1,000 to broadcasters who have faced extreme financial hardship due to natural or environmental disasters, such as hurricane damage, fires or flooding.

To be considered for the program, applicants must work in radio and/or television broadcasting and be in acute financial need due to hardships faced by a recent hurricane, flood or other natural disaster.

Please complete the application thoroughly, listing your insurance coverage and including a cost estimate for items and property lost that is not covered by insurance (including home, renters, flood, auto, etc.). Once we received the completed application, we will then review the situation and determine if an Emergency Grant is in order.

Please keep in mind that Emergency Grant funds are limited and only available to those broadcasters in acute financial need.

Feel free to contact the Broadcasters Foundation with any questions, info@thebfoa.org or 212-373-8250.



BROADCASTERS FOUNDATION OF AMERICA

125 West 55th Street, 4th Floor, New York, NY 10019

T: (212) 373-8250 • F: (212) 373-8254

www.broadcastersfoundation.org

Send completed form to emily@thebfoa.org



EMERGENCY/DISASTER GRANT APPLICATION

Name:			
Street Address:			
City/State/Zip:			
Telephone-Home:		Telephone-Work:	
Email:		Telephone-Mobile:	
Social Security No.:		Date of Birth:	

Marriage Status	Married	Single	Widow/Widower	Divorced
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Dependent children living with you?	Yes	No	N/A
Please list Names and Ages, if applicable:			

Temporary Mailing Address Information

If you have been displaced, please include the address to best receive mail (i.e. work address, family or friend's address, etc.)

Same as above?	Yes	No
Contact Name:		
Street Address:		
City/State/Zip:		
Temporary Phone:		

Housing Info

Do you own a home or rent?	Own	Rent	Monthly Rent/Mortgage:	\$
Do you have home or renters insurance?	Yes	No		
Other Insurance (include auto, flood, disaster, etc.):				
Did insurance cover any damage?	Yes	No		
Please list insurance coverage:				

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Employment Info

Are you employed?	Yes	No	If yes, what type?	Fulltime	Part-time
Business Name:					
Street Address:					
City/State/Zip:					
Contact Name:			May we contact?	Yes	No
Contact Phone:			Contact Email:		
Is your spouse employed?	Yes	No	N/A	If yes, what type?	Fulltime Part-time
Business Name:					
Street Address:					
City/State/Zip:					
Contact Name:			May we contact?	Yes	No
Contact Phone:			Contact Email:		
Your Gross Monthly Income from Employment:				\$	
Spouse's Gross Monthly Income from Employment:				\$	
Did either employer assist financially?			Yes	No	N/A
If Yes, please explain:					

Broadcast Industry Profile

List two other recent broadcast industry employers

Date you or your spouse first entered the Broadcast Industry:													
(1) Business Name:													
Contact Name:						Email:							
Street Address:						City/State/Zip:							
Position Held:						Start Date:				End:			
(2) Business Name:													
Contact Name:						Email:							
Street Address:						City/State/Zip:							
Position Held:						Start Date:				End:			

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Itemized Loss:

Please be specific and include cost estimates for all items lost or damaged that were not covered by insurance (including homeowner insurance, flood insurance, auto insurance, etc.)

Please sign and verify your complete grant application information:

I certify that all information contained within this application is accurate.

Signature

Date

Name (please print clearly)

All information contained within this application will remain confidential within the Broadcasters Foundation Board of Directors.