



**Broadcasters Foundation of America**  
**Emergency & Disaster Grant Application**  
**Hurricane Florence**

The Broadcasters Foundation of America's Emergency & Disaster Grant program provides one-time grants of up to \$2,000 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 personal 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. Applications must be submitted within 90 days of the event.

Feel free to contact the Broadcasters Foundation with any questions, [info@thebfoa.org](mailto:info@thebfoa.org) or 212-373-8250.



## BROADCASTERS FOUNDATION OF AMERICA

125 West 55<sup>th</sup> Street, 4<sup>th</sup> Floor, New York, NY 10019

T: (212) 373-8250 • F: (212) 373-8254

www.broadcastersfoundation.org

Send completed form to [emily@thebfoa.org](mailto:emily@thebfoa.org)

### HURRICANE FLORENCE EMERGENCY/DISASTER GRANT APPLICATION

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

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

#### 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.)*

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

#### Housing Info

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

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### Employment Info

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

### Broadcast Industry Profile

*List two other recent broadcast industry employers*

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

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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.*