## **Neighbors In Need Program Support Grant Application**

This variable grant has been established by the Rotary Club of Calabasas Charitable Foundation to help meet ongoing, specific financial needs of Calabasas residents / families that are outside the scope of the Emergency Grant Program. The Support Grant Program allocates funds for a variable period of up to 6 months to meet specific financial needs and to provide emergency funding to Calabasas residents / families due to extraordinary circumstances beyond their control that results in one or more of the following: \_\_ Inability to purchase of food & clothing \_\_ Extreme medical expenses \_\_ Extreme medical expenses
\_\_ Immediate loss of housing
Disconnection of utilities Loss of transportation to/from work Disconnection of utilities Inability to meet childcare expenses Support Grants are available for the July 1st to June 30th fiscal year, dependent on the funds available to the program, and are contingent upon the review and approval of the Neighbors In Need Committee. The amount and number of Support Grants award are variable, dependent on the documented needs of applicants and the funds available to the program. Once all available funds have been awarded, additional Support Grants will not be available until the next fiscal Year. Calabasas residents / family households may only receive a total of either one (1) Emergency grant or one (1) Support Grant, not both. All adult family members residing at the same address are considered a family household and cannot apply for additional aid under this program. ALL APPLICANTS WILL PROVIDE PROPER DOCUMENTATION OF CALABASAS RESIDENCY Household Information: MUST BE A CALABASAS RESIDENT FOR AT LEAST 12 MONTHS Spouse: # of Children: Address: City / State / Zip: Telephone: Home Work Cell Please describe the situation that has occurred to have you seek a Support Grant, and how you intend to use the funds, if awarded (use addition sheets or attachments, if needed):

Are you currently employed ?: Spouse currently employed?: **Total Monthly Income:** (Include from all sources, Wages, Salary, Investment Income, Alimony & Support, etc.) Do you have a Checking and/or Savings Account?: Account Balance(s): Do you have a pension, 401k or other retirement account?: Y / N (circle) If Yes, have you taken a Loan from it? Y / N (circle) or taken a Hardship Withdrawal?: Y / N (circle) **Total Monthly Expenses:** Mortgage / Rent : Homeowners Insurance: Utilities: Electric: Water: Gas: Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_ Cable TV\_\_\_\_\_ Internet: Food: \_\_\_\_\_ Child Care: \_\_\_\_ Auto Lease / payment: \_\_\_\_\_ Gasoline: \_\_\_\_ print name certify that the above is true and accurate. I understand that an interview with the Neighbors In Need Committee will be required to complete the application process. I also authorize that my personal information submitted in this application and disclosed during the interview process shall be discussed by the Neighbors In Need Committee and the Board of Directors of the Rotary Club of Calabasas Charitable Foundation for the purposes of considering this Grant award. I also understand that the decision of the Board to decline my application for participation in this Grant program is final, and I agree to hold harmless the Board and its Agents for their decision, as outlined in the Waiver Of Liability. The amount of Grant funding awarded is variable, as decided by the Neighbors In Need Committee, based on budget needs, the interview, and the remaining funds available for the Support Grant Program. Disbursement of funds will be pro-rated monthly over the period of the Grant. I understand that that receipts for all expenditures of these funds shall be reported to the Rotary Club of Calabasas on a monthly basis, prior to the disbursement of the next monthly pro-rated funds. Failure to supply this documentation will result in exclusion from any future charitable programs. Disbursed funds may be in the form of cash/check, gift certificates or gift cards, supermarket script, or other accepted forms of payment. Signed: Date: Please return the completed application to: Manny Fernandez, D.D.S. Attn: Neighbors in Need 22600 Ventura Blvd, #204 Woodland Hills, CA 91364

A monthly summary of income and expenses are required. Please complete this section as thoroughly as possible:

<u>It takes 2-4 weeks to process a Support Grant Application from date of receipt</u>. For information of the status of your application, please contact the Calabasas Rotary at (818) 564-6755.

## The Rotary Club of Calabasas Charitable Foundation

## **Neighbors in Need Grant Program**

## Waiver of Liability & Indemnity Agreement

waiver and Release: In consideration of being permitted to participate in any way in the
Rotary Club of Calabasas Charitable Foundation's Neighbors In Need Grant Program
hereinafter called "The Grant Program",
I/we, for myself, my heirs
personal representatives or assigns, do hereby release waive, discharge, and covenant not
to sue the Rotary Club of Calabasas Charitable Foundation, its officers, employees, and
agents from liability from any and all claims including the negligence of the Rotary Club
of Calabasas Charitable Foundation, its officers, employees and agents, resulting ir
personal injury, accidents, or illness, property damage, property theft or actions of any
kind which may hereafter accrue to me or my organization /business named below (it
applicable) from, but not limited to my involvement, participation and/or receipt of funds
from The Grant Program

**Indemnification and Hold Harmless:** I also agree to indemnify and hold harmless the Rotary Club of Calabasas Charitable Foundation, its officers, employees, and agents, from liability from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of their decision to decline or approve me for participation in the program and/or receipt of funds from The Grant Program and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and release agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, release and Indemnity agreement fully understand its terms, and understand that I am giving up rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further understand that should a Grant award be made to me, that I shall complete an IRS Form W9 including my Social Security number and/or other appropriate TAX ID information for I.R.S. Tax reporting requirements.

Dated:	
Print Name of Participant	Print Name of Participant
Signature of Participant	Signature of Participant