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| **Applicant Information** |
| **Please identify the disaster to which this application applies:**  |
| **Date:**  |
| **Are you a PIA member?** Yes [ ]  No [ ]  |
| **Applicant’s Employer:**  |
| **Applicant’s Legal Name** | Last Name:       | Middle Name:       | First Name:       |
| **Current address:**       |
| City:       | State:       | ZIP Code:       |
| **Is this your permanent address or temporary aid location:** | [ ]  Yes, permanent address | [ ]  No, temporary aid location |
| **Your relationship to the Business:** |  [ ]  Owner |  [ ]  Co-Owner |  [ ]  Legal Representative of:      |  [ ]  Other (please specify):      |
| Current Phone Number: (     ) -       |
| Email:       |
|  **Are you applying for:**  |  [ ]  Primary Residence/Personal/Family Needs | [ ]  Primary Business Needs |
| **For Primary Residence/Personal/Family Needs, please complete the following:** |
|  **Grant is for:** |  **Damage to primary residence****[ ]  Yes** **[ ]  No** |  **Contents****[ ]  Yes** **[ ]  No** |  **Family/Personal**  **[ ]  Yes [ ]  No** |  **Other (please specify):** |
| **Family/personal needs can include expenses that are not otherwise covered by insurance or government/NGO grants for additional living expenses, medical attention, family transportation, etc.** |
| **Address of residence for this application:**  |
| City:       | State:       | ZIP Code:       |
| Address of residence where contents are located:       |
| City:       | State:       | ZIP Code:       |
| **Date of Damage:** | Began:       | Concluded:       |
| **Please describe the nature of your damage (you can provide photos or other evidence):**  |
| **To the best of your knowledge, what damage, if any, will NOT be covered by insurance?**       |

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| **If you receive grant funds, what do you plan to use them for?**       |
| **Please describe the positive impact that this grant will have on your family:**       |
| **Please state your requested grant amount for Primary Residence/Personal/Family Needs:**  |
| **For business needs, please complete the following:** |
| **Name of Business:** |
| **Address:** |
| City:       | State:       | ZIP Code:       |
| **Business License Number:**       |
| **Your position in THIS****Business:** | [ ]  Owner | [ ]  Officer | [ ]  Legal Representative |  [ ]  Other (please specify):       |
| **Damage is to your primary business building?** [ ]  Yes [ ]  No |
| **And/or primary business contents** [ ]  Yes [ ]  No |
| **Damage to our secondary business building?** [ ]  Yes [ ]  No | Secondary contents? [ ]  Yes [ ]  No |
| **For employer/employee and/or other business needs (please specify:** **Other business needs can be to pay employees overtime for their additional hours of work, paying employee benefits until all are back up and running, extra-costs of running your business while you recover, etc.):**       |
| **Date of Damage:**  | Began:       | Concluded:       |
| **Please describe the nature of your damage (you can provide photos or other evidence):**  |
| **To the best of your knowledge, what damage/cost, if any, will NOT be covered by insurance?**  |

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| **If you receive grant funds, what do you plan to use them for?**  |
| **Please describe the positive impact that this grant will have on your business:**       |
| **Please state your requested grant amount for Business Needs:**  |
| **For ALL Applicants to complete:** |
| 1. **Should you be awarded this grant, please provide the following details of how to issue the check:**

**Pay to the order of (name):**      **Mailing address to which the check should be sent:**1. **Please check all of the following as an indication that you have read, understood, and agree with all the following:**

[ ]  The facts you listed in this Application are true and accurate.[ ]  You have the legal standing to request these funds and will apply them in compliance with our guidelines. [ ]  The person applying for and receiving this grant is (i.) directly responsible for the appropriate expenditure of these monies, (ii.) meeting the conditions and objectives as stated in the Guidelines, and (iii.) complying with the Guidelines and any other obligations that the person may have to other parties at the time of submission of this application and/or arising after the grant is made. If the person applying for and receiving this grant is doing so on behalf of a business, the applicant must have the legal authority to both submit the application and receive funds on behalf of the business.  |
| **PRINT LEGAL NAME of Individual Applying:**       |
| **Signature:**       | **Date:**       |
| **If for a business, please also PRINT the Legal Name of the Business:**  |
| **If applying on behalf of a business, your signature as a legal representative of the listed business:**  | Date:       |

**Accepted Proof of Evidence**

To comply with IRS regulations and the Insurance Foundation’s guidelines, we must have documentation to support this application. Applicants can submit photographs, receipts for replacement equipment, furniture, clothing, food, ATM withdrawal receipts with notes about what was purchased, and credit card and/or bank statements showing expenditures for new items purchased to provide evidence of the loss.

**Communication Rights**

By accepting this grant, the recipient agrees that PIA reserves the right to share information regarding the grant and the recipient’s activities as they relate to this funding. This may include but is not limited to, sharing stories, photographs, videos, and other related materials. Such content may appear in Progressive Insurance and/or PIA’s external and internal communications, including social media channels, the PIA Connection magazine, Newsline, newsletters, press releases, and other platforms and media formats that promote PIA’s mission and impact. Agents who want to provide their stories can send pictures and testimonials to agentsupport@pianational.org.

When completed, please email this application and supporting documents to: PIA’s Agent Support at agentsupport@pianational.org