



1. PURPOSE

- The Harvey Employee Relief Fund assists COM employees by providing financial support to faculty or staff who have suffered losses due to Hurricane Harvey. These funds are not intended to replace insurance coverage or FEMA funds for which you may be eligible. This is a one-time allocation. Priority will be given to those with documented home or auto damage and will provide funds for expenses such as food, clothing, temporary shelter or replacing other basic essentials as a result of the storm. This funding does not have to be repaid.

2. EXPENSES COVERED BY THE EMERGENCY FUND (*Below is a non-exhaustive list of expenses covered by the emergency fund.*)

- Temporary housing or other accommodations
- Replacement of essential personal belongings lost due to the storm
- Medications and other costs related to medical care and safety needs

3. EXPENSES NOT COVERED BY THE EMERGENCY FUND

- Non-essential utilities (i.e. cable TV), household, or furniture costs not related to damage or loss
- Costs for entertainment, recreation, non-emergency travel or other non-essential expenses
- Loan payments

4. ELIGIBILITY REQUIREMENTS

- Applicants must have a financial hardship resulting from Hurricane Harvey impact
- Applicants must be current employees of College of the Mainland
- All other resources must have been considered and be insufficient, unavailable, or not available in a timely manner
- Applicants must complete all questions in full and submit supporting documentation

5. APPLICATION PROCESS

- Faculty or Staff who are in need of emergency financial assistance may submit an application and supporting documentation to the College of the Mainland Foundation, 1200 Amburn Rd., Suite 13, Texas City, Texas, 77591 or by email at ejensen2@com.edu. The applications will be reviewed and the appropriate funding amount determined. Awards will typically range from \$100 to \$250. A maximum of \$500 will be awarded for unique and unusual circumstances of emergency financial need. Applicants may be required to meet with a staff member to discuss their application. For information on the application process, applicant should contact the Foundation offices at 409-933-8624 or 409-933-8508.

6. GIVING

- The number of applicants who can be served by the Harvey Employee Relief Fund is subject to the funds available. The funds must be sustained by contributions from alumni, generous community philanthropists, faculty, staff and friends of College of the Mainland.
- To contribute to the Harvey Employee Relief Fund, please go to www.com.edu/giving/harveyrelief.



College of the Mainland®
FOUNDATION

**Harvey Employee
Relief Fund**

PERSONAL DATA

Applicant's Name: _____
Last First MI Employee ID Number

Mailing Address: _____
Address City Zip Phone Number

E-Mail Address: _____
Cell Number

Please indicate why funds are needed and how they will be used (attach additional sheets as needed and any applicable receipts):

Have you applied for FEMA or personal insurance assistance? Yes ____ No ____

Have you received FEMA or personal insurance assistance? Yes ____ No ____ Amount: _____

Amount of funds requested from Harvey Employee Relief Fund: \$ _____

AMOUNT ALLOCATED – Maximum per applicant \$500.

\$ _____ Authorization: _____ Date: _____

APPLICANT DECLARATION AND AUTHORIZATION

I hereby declare that the information contained in this application is true and correct to the best of my knowledge. I will notify College of the Mainland Foundation, in writing, or by email at ejensen2@com.edu immediately, if after submission of this application there is any change in the information provided. I understand that falsifying or withholding information in this application may result in denial of such aid. I authorize College of the Mainland to release any information pertaining to my employment status to College of the Mainland Foundation.

Signature

Date

I authorize College of the Mainland and COM Foundation to use my name in media releases. (No impact on award decision)

Yes _____ No _____