



The Salon and Spa Relief Fund, Inc.
P.O. Box 729
Hammond, LA 70404

I am applying for: Business Grant Individual Grant

INDIVIDUAL CONTACT INFORMATION

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone No.: _____
Cell/Other Phone No.: _____
Email Address: _____
The best way to contact me is via: <input type="checkbox"/> telephone <input type="checkbox"/> email <input type="checkbox"/> other at the following number/address _____

EMPLOYER | SALON INFORMATION

Employer Salon Name: _____
Business Owner's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: _____
Website: _____
My relationship to this business salon is: <input type="checkbox"/> salon owner <input type="checkbox"/> salon manager <input type="checkbox"/> front desk coordinator <input type="checkbox"/> service provider (specify position) _____ <input type="checkbox"/> other (specify) _____
I have worked at or been affiliated with this business salon for _____ years/months.

DISASTER AND LOSS INFORMATION

I am seeking assistance related to losses incurred during the following unexpected emergency:

Following is a summary of the losses I incurred:

<u>Type of Loss</u>	<u>Amount of Loss or Damage</u>
<input type="checkbox"/> Salon	
<input type="checkbox"/> Property Damage	\$ _____
<input type="checkbox"/> Property Destruction	\$ _____
<input type="checkbox"/> Property Loss of Use	\$ _____
<input type="checkbox"/> Business Interruption	\$ _____
<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Individual	
<input type="checkbox"/> Home Damage	\$ _____
<input type="checkbox"/> Home Destruction	\$ _____
<input type="checkbox"/> Personal Property Loss	\$ _____
<input type="checkbox"/> Income Loss	\$ _____
<input type="checkbox"/> Other	\$ _____

Please attach a statement with detailed information about losses including: (1) itemization of amount of each type of loss (property damage, income loss, etc.); (2) amount of total loss (or estimate); (3) dates of business closure and anticipated time salon will be closed (if not currently open); (4) short term and long term plans for recovering from this disaster.

Disaster and Loss Information Statement attached

INSURANCE INFORMATION

Please provide information about insurance you have.

<u>Insurance Type</u>	<u>Claim Submitted</u>	<u>Funds Received</u>
<input type="checkbox"/> Property - Salon	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Property - Home	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Renter's	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Business Interruption	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> _____	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> _____	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> _____	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> _____	<input type="checkbox"/>	\$ _____

OTHER ASSISTANCE

Please provide information about types of assistance you have applied for or received.

<u>Assistance Type</u>	<u>Application Submitted</u>	<u>Funds Received</u>	<u>Status (if no funds rcv'd)</u>	
<input type="checkbox"/> FEMA Benefits	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
<input type="checkbox"/> SBA Loan	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
<input type="checkbox"/> Red Cross	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
<input type="checkbox"/> _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
<input type="checkbox"/> _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
<input type="checkbox"/> _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
<input type="checkbox"/> _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied

GRANT ASSISTANCE

Please specify the amount of grant assistance you are requesting to help you recover from this disaster.

Business Grant \$ _____

Individual Grant \$ _____

Please attach a statement (the Grant Assistance Statement) with detailed information about your use of any grant assistance awarded, including: (1) amount of personal financial resources you have available to help in this disaster and how you intend to use them; and (2) how you plan to use any grant assistance awarded to you from The Salon and Spa Relief Fund.

Grant Assistance Statement attached

CERTIFICATION

I certify that I have suffered losses from an unexpected emergency which has affected me and/or the salon or spa with which I am affiliated. I certify that the information contained in this application is true and complete and that any fraudulent representations and omissions may result in the denial of grant assistance. I further understand and agree that in the event I am awarded a grant based on such fraudulent representations or omissions, I will be asked to and expected to immediately return any grant money awarded to me.

I understand that submitting this Grant Application does not entitle me to receive a grant award, and that The Salon and Spa Relief Fund, Inc., its Board of Directors, and/or its Grant Committee shall determine in its sole and absolute discretion whether I qualify to receive grant assistance.

Signature: _____ Date: _____

Print Name: _____