

THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE, INC.
3833 Cleghorn Avenue #400 -- Nashville, TN 37215-2519
(615) 321-4939 (888) 540-5200 toll-free (615) 327-2746 (fax)

THE TURNER FAMILY DISASTER RELIEF FUND

Application for Financial Support

(Read very carefully and follow exactly. Incomplete applications will be returned.)

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- Goal:** To provide financial support to employees who have lost their home or incurred substantial damage to their home and/or personal property due to natural disaster (e.g. tornado, earthquake, fire caused by natural circumstances such as lightning, weather-related flood, etc.).
- Time Frame:** Applications are accepted year round. Because of the emergency nature of this grant program, there are no deadlines. Please submit an application as soon as support is needed.
- Eligibility:** All Dollar General Employees are eligible to apply.
- Criteria:** Total loss or significant damage to home due to natural disaster.
- Grant Range:** Up to \$1,000
- Process:** Employee and supervisor recruit a tax-exempt, non-profit organization to assist the person/family and to serve as a funding intermediary.

Supervisor submits a completed application as a request for funds to The Community Foundation at the address listed below. Please be sure all sections and signatures are complete.

After thorough review, The Community Foundation sends any funds awarded to the non-profit for use in assisting the employee.

Submit applications to:
THE TURNER FAMILY DISASTER RELIEF FUND
The Community Foundation of Middle Tennessee
3833 Cleghorn Avenue #400 – Nashville, TN 37215-2519

APPLICATION

NAME Mr./Ms. _____
LAST FIRST MI

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

EMPLOYMENT LOCATION (ie: Store #, Distribution Ctr, Corporate Office) _____

POSITION _____ LENGTH OF EMPLOYMENT _____

Describe the natural disaster, the cause, and resulting damage to your home that make it necessary for you to seek assistance. You may include photos if you wish. (PLEASE TYPE OR PRINT YOUR ANSWER)

On what date did the damage occur? _____

Did you have homeowner's or renter's insurance at the time of the disaster? _____ Yes _____ No

Did it cover the type of damage you sustained? _____ Yes _____ No

If yes, have you filed a claim with your insurance agency? _____ Yes _____ No

Have you been in contact with local community organizations, like the Red Cross, your church/synagogue/mosque, or other social service agency for assistance? _____ Yes _____ No

Signature of Employee: _____

Signature of Supervisor (confirmation of loss): _____

Name of Non-Profit Organization: _____

Contact Person at Non-Profit Organization: _____

Address of Non-Profit Organization: _____

City _____ ST _____ ZIP _____

Signature of Representative of Non-Profit Organization*: _____ Phone : (____) _____

* In addition to contact information from the non-profit organization, please include a copy of the IRS letter confirming its tax-exempt status. Applications with incomplete information will be returned.