



## Request for Declared Emergency Grant

To assist the Fund in processing your Request for Financial Assistance, we need some basic information about you and your diaconal ministry:

1. Name \_\_\_\_\_ 2. Address \_\_\_\_\_  
3. Phone \_\_\_\_\_  
4. Date of Birth \_\_\_\_\_ Email address \_\_\_\_\_  
5. Date of Ordination \_\_\_\_\_ 6. Diocese of Ordination \_\_\_\_\_  
7. Current Canonical Residence \_\_\_\_\_

8. Contact at Bishop's Office. This may be the bishop's executive assistant, the archdeacon or other person responsible for care of deacons in your diocese.

Name and title: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Name and address of parish you serve \_\_\_\_\_  
If you are not parochially assigned, describe your ministry \_\_\_\_\_

If you have retired from parish ministry, indicate here

**To evaluate your request for an Emergency Grant, the Fund needs the following information: a copy of your most recent Federal Tax Return, the most recent bank statement, verification of the emergency declaration, and an explanation of your needs resulting from your emergency situation.**

10. What kind of event caused your emergency? Fire  Flood  Public Health  Weather  Other  (explain)

11. Is your request related to a Federal- State- or Local-Declared Emergency for weather, fire, or fiscal impact?

Yes  (please provide documentation) No

If yes, have you received or do you expect to receive federal, state, or local financial assistance for this emergency? Yes  No

If yes, approximately what percentage of the loss does it cover? \_\_\_\_\_

12. Result of the emergency (check all that apply): Loss of housing  Loss of income  Other  (explain)

13. How much are you requesting from the Fund? \_\_\_\_\_ Emergency grants may be up to \$5,000.

Please submit estimates, invoices, or receipts with your application.

14. Estimated total of your current assets including savings, investments, and retirement accounts. \_\_\_\_\_

*My signature below gives the Fund or their authorized person permission to contact my Diocese to obtain additional information. This authorization includes my Bishop or Archdeacon or a person appointed by them.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

*If a qualified representative, state your relationship* \_\_\_\_\_

**Return application plus documentation to our Grants Administrator at [grants@fundfordiaconate.org](mailto:grants@fundfordiaconate.org) or by mail to The Fund for the Diaconate, P.O. Box 12621, Charlotte, NC 28220**