

Harvey Employee Relief Fund

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. Cash is never given directly to recipients; recipients will receive vouchers, gift-cards or payments made directly to vendors. 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.



No _____

Harvey Employee Relief Fund

PERSONAL DA	TA			
Applicant's Name: _				
	Last	First	MI	Employee ID Numbe
Mailing Address:	Address	City	Zip	Phone Number
-Mail Address:				
				Cell Number
Please indicate why any applicable rece	•	ded and how they	will be used (attach a	additional sheets as needed
lave you applied fo	or FEMA or pers	sonal insurance ass	istance? Yes	No
	•			No loAmount:
lave you received	FEMA or person	nal insurance assist	ance? Yes N	lo Amount:
lave you received	FEMA or person	nal insurance assist		lo Amount:
lave you received	FEMA or person	nal insurance assist	ance? Yes N	lo Amount:
lave you received mount of funds re	FEMA or person	nal insurance assist	ance? Yes Nelief Fund: \$	lo Amount:
lave you received mount of funds re	FEMA or person	nal insurance assist Harvey Employee R	ance? Yes Nelief Fund: \$eant \$500.	lo Amount:
lave you received amount of funds re	FEMA or person equested from H OCATED – Ma	nal insurance assist Harvey Employee R aximum per applic	ance? Yes Nelief Fund: \$ cant \$500. Authorization:	loAmount:
AMOUNT ALLO	FEMA or person equested from H OCATED – Ma — ECLARATION	nal insurance assist Harvey Employee R Eximum per applic	ance? Yes Nelief Fund: \$ cant \$500. Authorization: ZATION	
AMOUNT ALLO APPLICANT DE	FEMA or person equested from H OCATED – Ma — ECLARATION ne information conf	hal insurance assist darvey Employee R Eximum per applications of the control of	elief Fund: \$N eant \$500. Authorization: ZATION on is true and correct to	lo Amount: Date: the best of my knowledge. I will r
AMOUNT ALLO APPLICANT DE	FEMA or person equested from H OCATED – Ma — ECLARATION ne information cont d Foundation, in wi	hal insurance assist darvey Employee Residence and the same application of the	elief Fund: \$ Neart \$500. Authorization: ZATION on is true and correct to ensen2@com.edu imme	Date: the best of my knowledge. I will rediately, if after submission of this
AMOUNT ALLO APPLICANT DE	FEMA or person equested from Hocated from Hocated Foundation, in with the control of the control	TAND AUTHORI tained in this application	elief Fund: \$ Nelief Fund: \$	Date: the best of my knowledge. I will rediately, if after submission of this or withholding information in this
AMOUNT ALLO APPLICANT DE	FEMA or person equested from Formation CATED – Ma ECLARATION The information confid Foundation, in with the confidence of the confidence	Harvey Employee Resisted arvey Employee Resisted aximum per application of the same and the same are same as a same are same a	elief Fund: \$ Nelief Fund: \$	Date: the best of my knowledge. I will rediately, if after submission of this