Employee Disaster Relief
Grant Application

The focus of this grant program is to provide aid to the members of the equipment rental industry who have been significantly affected by a natural disaster. Business owners must file the grant application on behalf of their employees and will be responsible for disbursement of the awarded grant funds. Grant awards will range from $500 to $2,000 per employee, based on need, as determined by the committee that will review the applications.

The criteria to qualify for a grant is as follows:

- Must be the result of a natural disaster (i.e. fire, tornado, earthquake, flood, hurricane, etc.) that causes catastrophic consequences.
- Employee must have suffered significant loss. Proof of loss will be required.
- Disaster must be able to be verified with a police, fire and/or news report
- Grant request must be filed within 30 days after disaster event date
- Rental business has less than 50 full time employees on the disaster date
- Business consists of 50% or more equipment rental activity

How to Apply:

Complete one application per business. (Multiple employee grant requests can be included in one application.) Answer all questions and provide supporting documentation for each grant requested for your employees.

If you have any questions about the application process and requirements, please contact Marcy Johnson at 309.277.4224, Marcy.Johnson@ararental.org or Joann Lay at 309.277.4265, Joann.Lay@ararental.org.

Submit the application to the emails listed above or mail/fax to:

ARA Foundation
Attn: Marcy Johnson
1900 19th St.
Moline IL 61265
Fax: 309-277-4213

Employee Disaster Relief Grant Application

Date submitted _____

Business Information

Business Name:_____ ARA ID# if applicable_____

Owner's Name:_____

Mailing Address:_____

Phone Number:_____ Email:_____

Cell Number:_____

Total Number of Employees_____ Number of employees affected _____

Percent of business activity related to rental_____%

Disaster Information

Description and Date of Natural Disaster/Current impact to your local region and employees

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Attestation

I confirm that all information provided in this request is true and accurate to the best of my knowledge and agree to partner with the ARA Foundation to assist rental industry employees with awarded grants.

_____ _____

Signature Date

Individual Employee Request: **(Copy this page for additional employee grant requests)**

Employee's Name:_____

Home Address:_____

Cell Number:_____ Email:_____

Is employee displaced from their home? yes____ no___ Own or rent property:_____

Number of family members living in home: ___ Anticipated return date to home: ____

Estimated damage to home/property: _____

Any damage to personal automobile? yes___ no___ Estimated amount of loss: _____

Does Employee have insurance for damage to property (home or vehicle)? yes__ no___

Is Employee currently working? yes_____ no_____

If working, is it at your business or another location_____ How many hours:____

Provide a brief description of this employee's situation/outlook/recovery timeline

_____
_____
_____
_____
_____
_____
_____
_____

Is recovery assistance being provided by other organizations? Which ones and at what amount?

_____
_____
_____
_____
_____
_____
_____

Required Documents:

Provide documentation to substantiate the grant request.
(May consist of a couple of photos, insurance claim, etc.)

Additional Information you wish to provide:

_____
_____
_____
_____
_____