



Camino Real Region DISASTER GRANT APPLICATION



(This grant is a taxable award and a 1099 will be issued)

1. GENERAL INFORMATION (Type or Print legibly please)

a. Full Name _____

Address _____

City _____ State _____ Zip _____

Primary Telephone _____ Email Address _____

b. I am an active member of (Club) SI _____

2. DISASTER INFORMATION (Type or Print legibly please)

a. Amount requested _____

Amount of Loss _____ Amount covered by Insurance _____

b. Please give a detailed description of the loss (Attach appropriate pictures)

c. Signed by Applicant _____ Date Signed _____

3. REGION REVIEW

Board Review Date: _____ Approved (Y/N) _____ Vote _____

Check #/Date _____ Date Mailed _____ Thank You (Y/N) _____

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