



# Omega Life Membership Foundation, Inc.

## EMERGENCY/DISASTER RELIEF GUIDELINES AND APPLICATION

In response to the devastation caused by natural and man-made emergencies and disasters, the Omega Life Membership Foundation is providing grant awards to assist families, children and individuals in affected areas. Grants will be awarded to eligible individuals. A completed application together with required documentation must be submitted in order to be considered for these funds.

### **Grant Application Guidelines**

#### ***Eligibility:***

Individuals who were impacted in the affected areas.

#### ***Grant Amount:***

Grant awards will range up to but not exceed \$1500 and will be considered on a case-by-case basis.

#### ***Funding Priorities:***

The Foundation will distribute funds for the following services

- Emergency shelter/housing, food and clothing
- Restoration Assistance
- Health issues (as a direct result of the disaster)
- Restoration and recovery of educational and training programs for adults and children

#### ***The Foundation IS UNABLE TO FUND:***

- Trips, Capital expenditures, Debt reduction
- Annual funds, galas or other special-event fundraising activities
- Ongoing operating expenses (except as related to priorities listed above)

#### ***Submission of Applications:***

Request will be received until funds are exhausted. Submission of grant application does not guarantee funding. Please mail completed applications to The Omega Life Membership Foundation, Inc., PO Box 92882, Washington, DC 20090-2882.

# EMERGENCY/DISASTER RELIEF GUIDELINES AND APPLICATION FORM

*Use this form to request that The Omega Life Membership Foundation award a grant for charitable or educational purposes related to areas/persons impacted by emergencies or disasters. Please mail, fax or email completed form.*

## Requester's Information

Name

Address

Email

Phone

## Amount of Grant request

State amount that is being requested

## Purpose

Briefly describe the nature of emergency and /or disaster relief your are requesting

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Signature of Requester

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Print Name

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Date

## Mail Completed Form to:

Omega Life Membership

Foundation, Inc.

PO Box 92882

Washington, DC 20090-2882