

FOR USE BY RESIDENTS OF CANADA

**ALTERRA MOUNTAIN COMPANY COMMUNITY FOUNDATION
(the “Foundation”)**

**APPLICATION FOR EMERGENCY RELIEF AND HARDSHIP ASSISTANCE
FOR INDIVIDUALS**

Purpose To provide support and relief, in the form of one-time grants, to members of the communities in which Alterra Mountain Company operates where community members require relief or assistance due to disaster or emergency hardship, such as those caused by pandemics, floods, fires, riots, storms or similar large-scale events or due to sudden illness, death, accident, violent crime or other emergency hardship.

Eligibility Requirements Community members who, as a result of an unforeseen disaster or emergency, are (a) in need of food, shelter or other necessary living expenses, including child care and educational expenses; (b) temporarily unable to be self sufficient; or (c) in need of counseling or other support due to trauma experienced as a result of a disaster or violent crime.

Application Deadline Due to the immediacy of this form of assistance, this application must be submitted within 8 weeks of the date of the applicant’s unforeseen disaster or emergency.

How to Apply Sections 1-4 should be filled out by the applicant. The completed form should be returned to the Foundation. Section 5 will be completed by the Foundation.

Section 1a – General Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address Line 1: _____

Home Address Line 2: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

FOR USE BY RESIDENTS OF CANADA

Please describe how Applicant became aware of the Foundation: _____
 _____:

Section 1b – Description of Community Served by Foundation

Please provide a brief description of the community in which Applicant resides or is employed: _____

Section 2 – Information About the Applicant’s Household

List the full name, date of birth, relationship, and the last four digits of the social security number of each person living in your household, starting with yourself, as reported on your tax return. Attach additional sheets if necessary.

First Name	Middle Initial	Last Name	Date of Birth	Last 3 Digits of SIN
First Name	Middle Initial	Last Name	Date of Birth	Last 3 Digits of SIN
Relationship to You:				
First Name	Middle Initial	Last Name	Date of Birth	Last 3 Digits of SIN
Relationship to You:				

FOR USE BY RESIDENTS OF CANADA

First Name	Middle Initial	Last Name	Date of Birth	Last 3 Digits of SIN
Relationship to You:				
First Name	Middle Initial	Last Name	Date of Birth	Last 3 Digits of SIN
Relationship to You:				
First Name	Middle Initial	Last Name	Date of Birth	Last 3 Digits of SIN
Relationship to You:				

Section 3 – Information About the Emergency

Name of Applicant: _____

Approximate Date of Your Emergency: _____

Amount of Emergency Assistance Requested: _____

Reason for Request and Intended Use of Funds: _____

Complete Column A of the attached Needs Assessment Form and briefly describe the nature of the emergency below:

FOR USE BY RESIDENTS OF CANADA

Column A of the Needs Assessment Form must be completed by the Applicant before signing below. Column B will be completed by the Foundation.

Section 4 – Applicant’s Declaration

I affirm that I meet the eligibility requirements for emergency assistance described above and that all of the information that I have provided to qualify for such assistance is complete, correct, and true to the best of my knowledge. Any losses I may have suffered in connection with this emergency have not been covered to date by insurance, funds available through governmental or other agencies, federal or state relief funds, or readily available personal financial resources. I understand that I may be denied assistance if any of the above is false, and that I may be required to repay any assistance that I receive based on false or incomplete information.

I further affirm under penalty of perjury under the laws of the United States and Canada that any grant funds received by me will not be diverted to support terrorism or other non-charitable activities. I understand that my application may be subject to review (including verification that my name is not included on the Specially Designated Nationals List maintained by OFAC) and approval by agents or representatives (including outside counsel) of the Foundation for compliance with applicable U.S. laws related to terrorism and that I may be required to submit periodic reports and/or receipts evidencing my use of grant funds received.

Upon request, I agree to provide the Foundation or its Administrator with evidence of the information I have given on this application. I understand that the application becomes the property of the Foundation when submitted.

I understand that the Foundation’s annual return is open to public inspection and that, if I receive a grant, the Foundation will be required by federal tax law to disclose on its annual return my identity and address, the grant amount, and a description of the grant purpose. I understand that, if I receive a grant, the Foundation will report on its annual return the address I provided above unless I provide my business address below to be used in place of my home address.

Business address (Optional): _____
Street Address, City, Province, Postal Code

SIGN HERE: _____ **DATE:** _____
(If submitting electronically, your typewritten name shall constitute your electronic signature)

Please indicate below the manner in which Applicant would like to receive communications, including notice of grant award, from the Foundation:

- By mail at the home address set forth on page 1 above; or
- By email at the following email address: _____

FOR USE BY RESIDENTS OF CANADA

NEEDS ASSESSMENT

	COLUMN A	COLUMN B
FACTORS SUPPORTING REQUEST FOR EMERGENCY RELIEF	FOR COMPLETION BY APPLICANT ONLY Please check all factors that apply	FOR COMPLETION BY FOUNDATION ONLY Please check all factors that apply
The applicant has no “safety net,” such as nearby family or friends, who can offer assistance	<input type="checkbox"/>	<input type="checkbox"/>
The applicant lacks the basic resources necessary to cope with the hardship created by this emergency	<input type="checkbox"/>	<input type="checkbox"/>
The applicant has a large number of dependents	<input type="checkbox"/>	<input type="checkbox"/>
The applicant (or a member of the household) is gravely ill and requires medical attention	<input type="checkbox"/>	<input type="checkbox"/>
The applicant (or a member of the household) is physically disabled or handicapped	<input type="checkbox"/>	<input type="checkbox"/>
The applicant (or a member of the household) is emotionally traumatized/psychologically fragile	<input type="checkbox"/>	<input type="checkbox"/>
The applicant (or a member of the household) is of advanced age	<input type="checkbox"/>	<input type="checkbox"/>

FOR USE BY RESIDENTS OF CANADA

The applicant has an immediate, demonstrable and necessary financial obligation that is unable to be met due to the above factors	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Other (FOR COMPLETION BY APPLICANT ONLY)
BRIEFLY DESCRIBE ANY OTHER SPECIAL FACTORS SUPPORTING YOUR REQUEST FOR EMERGENCY RELIEF AND INCLUDE ANY ADDITIONAL DOCUMENTS IN SUPPORT OF YOUR NEEDS ASSESSMENT:

Other (FOR COMPLETION BY FOUNDATION ONLY)
BRIEFLY DESCRIBE ANY OTHER SPECIAL FACTORS THAT INFLUENCED THE FOUNDATION'S DECISION TO PROVIDE EMERGENCY RELIEF:

TO BE COMPLETED BY FOUNDATION

Section 5 – Situation Analysis

Name of Applicant: _____

Applicant's Community Membership:

Resort Employee Application

Or

Resident of Community (Location) _____

Employee in Community (Location) _____

FOR USE BY RESIDENTS OF CANADA

Applicant Referred by:

<input type="checkbox"/> Clergy	<input type="checkbox"/> Counselor	<input type="checkbox"/> Employer	<input type="checkbox"/> Health Care Professional
<input type="checkbox"/> News/Media	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Other:			

If Referral, Name of Referral Source: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Please complete Column B in the Needs Assessment on the previous page to indicate the factors that influenced the Foundation to provide emergency assistance to this particular applicant and/or household based on the applicant’s description of need and/or the input provided by the above referral source(s).

Amount of Emergency Assistance Grant

Please indicate below the total amount of assistance the Foundation would like to approve up to the \$_____ maximum.

Total Grant Approved: \$_____

* * * * *

Please email or mail the completed application to Alterra Mountain Company Community Foundation:

Email: CommunityFoundation@AlterraCommunityFoundation.com

Mailing Address: 3501 Wazee Street, Suite 400, Denver, CO 80216