

FOR USE BY BUSINESSES DOMICILED IN THE UNITED STATES

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

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

Purpose To provide support and relief, in the form of one-time grants, to business members of the communities in which Alterra Mountain Company operates where business 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 other emergency hardships.

Eligibility Requirements Community business members that are in need of emergency relief funds: (a) as a result of an unforeseen disaster or emergency; (b) to combat community deterioration; or (c) to lessen the burdens of government.

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, emergency, or hardship.

How to Apply Sections 1-3 should be filled out by the applicant. The completed form should be returned to the Foundation. Section 4 will be completed by the Foundation.

Section 1a – General Applicant Information

Business Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____ Phone: _____

Nature of Business: _____

Number of Employees: _____

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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 is located: _____

Section 2 – Information About the Emergency

Name of Applicant: _____

Approximate Date of Applicant’s 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:

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 3 – Applicant’s Declaration

I, an authorized representative of Applicant, affirm that Applicant meets the eligibility requirements for emergency assistance described above and that all of the information that Applicant has provided to qualify for such assistance is complete, correct, and true to the best of my knowledge. Any losses Applicant 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 financial resources. I understand that Applicant may be denied assistance if any of the above is false, and that Applicant may be required to repay any assistance that it receives based on false or incomplete information.

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

Applicant understands that the Foundation’s annual return is open to public inspection and that, if Applicant receives a grant, the Foundation will be required by federal tax law to disclose on its annual return Applicant’s identity and address, the grant amount, and a description of the grant purpose. I understand that, if Applicant receives a grant, the Foundation will report on its annual return the address Applicant provided above.

Address of Business: _____
Street Address, City, State, Zip

SIGN HERE: _____ **DATE:** _____
(Your typewritten name above shall constitute your electronic signature)

NAME: _____ **TITLE:** _____

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 address set forth above; or
- By email at the following email address: _____

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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 the ability to borrow funds	<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 community in which the applicant is located is deteriorating	<input type="checkbox"/>	<input type="checkbox"/>
The applicant requires emergency relief to lessen the burdens of government	<input type="checkbox"/>	<input type="checkbox"/>
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 APPLICANT'S REQUEST FOR EMERGENCY RELIEF AND INCLUDE ANY ADDITIONAL DOCUMENTS IN SUPPORT OF APPLICANT'S NEEDS ASSESSMENT:

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Other (FOR COMPLETION BY FOUNDATION ONLY)

BRIEFLY DESCRIBE ANY OTHER SPECIAL FACTORS THAT INFLUENCED THE FOUNDATION'S DECISION TO PROVIDE EMERGENCY RELIEF:

SECTION 4 (FOR COMPLETION BY FOUNDATION ONLY)

Section 4 – Situation Analysis

Name of Applicant: _____

Contact Name: _____

Business Member of Community (Location): _____

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: _____ State: _____ Zip: _____

Phone Number: _____

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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 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: \$_____

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Please email or mail the completed application and any supporting documentation to Alterra Mountain Company Community Foundation:

Email: CommunityFoundation@AlterraCommunityFoundation.com

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