



CAP Response Fund Application for Assistance

1. Name		2. CAPID	3. Unit Charter Number
4. Member Email		5. Mailing Address	6. City
7. State	8. Zip Code	9. Phone	10. Amount Requested

11. Request Narrative (limit 300 words):

12. Anything else you would like the committee to know? (limit 150 words)

13. If applicable to your request, are you? (check all that apply):

a. Covered by insurance and need assistance meeting your deductible	b. In contact with FEMA
c. Receiving assistance by Red Cross	d. Receiving any other assistance

14. Other CAP members in the household included in this request:

15. If awarded funding, may we reach out to you for more information and a testimonial to share with other CAP members of the impact of the CAP Response Fund (not required) **Yes** **No**

16. Please email this form to your Wing Commander for Approval. Wing Commander: _____

Approved **Disapproved**

Completed Forms should be emailed to giving@gocivilairpatrol.org with subject line CAP Response Fund Request.

Instructions for Completing CAP Response Fund Application for Assistance

Criteria to Receive Funding

- Must be a member in good standing
 - Must have been a member for 12 months or more
 - Request must be in direct assistance for the member
 - Must be 18 or older, if not, then a parent/legal guardian can request funds on their behalf
 - Must not refuse insurance or other assistance if available to the requester
 - Must use the money expressly for the purpose indicated by the applicant
 - Priority is given to members impacted by natural disasters, national emergencies (including COVID-19) and where other assistance is not available or is insufficient
 - Other circumstances outside of natural disasters may be considered based on fund availability
 - Average anticipated grant may be \$100 - \$500, with consideration given for larger amounts based on fund availability and number of requests
 - Member must not have received CAP Response Fund assistance in the past
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Block 1: Enter first and last name of the member requesting assistance

Block 2: Enter requesting member's CAPID

Block 3: Unit charter number (e.g. GLR-OH-123)

Block 4: Enter email address to be used to correspond with NHQ

Blocks 5-8: Physical mailing address of street, City, State and zip code

Block 9: Phone number with area code

Block 10: Dollar amount requested (see criteria to receive funding above)

Block 11: Maximum 300-word narrative of why financial assistance is requested. Include date funding is desired.

Block 12: Maximum 150-word narrative for additional comments to be considered

(optional) Block 13: Check all that apply if receiving any other assistance

Block 14: First and last name of any house hold members included in request.

Block 15: Check Yes or No. (optional and has no bearing on request approval)

Block 16: Wing commander: enter name and check approved or disapproved. Once complete,

Please send completed request to giving@gocivilairpatrol.org and include **CAP Response Fund Request** in the subject line.