

Our Family Farms Fire Relief Fund
Relief for Farm Workers Impacted by the
September 2020 Almeda and Obenchain Fires

This application is for agricultural workers and their families that have suffered losses in the Almeda and Obenchain Fires. Please review the application and provide all requested information.

Once completed, submit signed form along with requested backup documentation by:

- email to contact@ourfamilyfarms.org
- mail to Our Family Farms, PO Box 555, Medford, OR 97501
- drop off or mail to Fry Family Farm, 2184 Ross Lane, Medford, OR 97501

The deadline for the first round of funding is November 13, 2020. You will be notified within 48 hours of Our Family Farms receiving your application. We will continue to accept applications after this first round of funding on a rolling basis and distribute funds contingent on donations received.

There is no minimum for grant requests. Each grant will be evaluated on its own merits. Requests over \$5,000 will require additional due diligence. Funds given are for the sole purpose of providing temporary or permanent housing.

Our Family Farms does not discriminate on the basis of race, color, creed, religion, gender, gender identity, national origin, citizenship, age, Veteran status, sexual orientation, sexual identity or status as a person with disabilities.

Criteria for Application:

- The applicant must be working at least a majority of their time in agriculture. See the definition of agricultural worker at <https://ufw.org/Definition-of-Agricultural-Workers/>
- The applicant must be directly impacted by the Almeda and Obenchain Fires

Required Documentation:

- Completed, signed application form

- Letter from your current employer verifying your employment and how long you have been working there.

Our Family Farms Fire Relief Fund

Relief for those Impacted by the Almeda and Obenchain Fires
September 2020

Application Form *(Please print all information clearly):*

Name: _____

Email: _____ Phone: _____

Address of Loss (Street, City, State, Zip): _____

Address Presently (Street, City, State, Zip): _____

How many adults resided in your home? _____

How many of your dependents resided in your home? _____

How many adults/dependents are you currently looking for housing for?

Adults _____ Dependents _____

Do you have insurance coverage for any of your losses? YES NO

Do you expect to receive financial help from FEMA? YES NO

Farm/ farm agency you work at: _____

Contact: _____ Phone: _____

Residence:

- I lost where I lived entirely. YES NO
- Where I lived was significantly damaged. YES NO
- I owned my own home and am responsible for all repairs/replacement.
YES NO

- I cannot live in my home and am paying for temporary housing. YES NO
- I cannot return to my rental and need funds to secure a new rental. YES NO

Funds Needed:

Amount of funds requested: _____

What will the funds be used for?

How did you hear about Our Family Farms Farm Worker Fire Relief Fund?

By signing and submitting this application you certify the following:

- I have provided true and complete information to the best of my knowledge.
- I understand and grant permission to Our Family Farms to obtain and verify information provided on this application.
- I understand that my application will be reviewed by a grant committee and that grants will be made at the discretion of that committee. .

Signature of Applicant: _____

Print Applicant Name: _____

Date _____

Office only

Date received: _____ Received by: _____