

OCNJ CARE (cleanup and relief effort) Project
PO Box 807 * Ocean City, NJ 08226
www.ocnjcare.org

Disaster Relief Fund Guidelines and Application

When was the fund created?

The OCNJ CARE Disaster Relief Fund was formed in response to Hurricane Sandy that struck the City of Ocean City on October 29, 2012. The Fund was established after an outpouring of donations from the community and surrounding areas were received to assist hurricane victims with support and recovery. Excess funds and continued donations will be available to provide for the needs of victims of future disasters.

What is the purpose of the fund? How does it help victims of disaster?

The assistance provided by OCNJ CARE seeks to relieve or cushion the financial hardships caused by the disaster. It is important to note that the finding of financial distress does not require the individual(s) to be in a state of poverty or destitution. However, the intent of the relief program is to assist those facing *severe financial hardship*. Therefore, those determined to have the greatest need will be given a higher priority in the process.

Assistance will be made in the following methods:

Primary Assistance:

Relief funds shall be disbursed in the form of cash grants to eligible beneficiaries. Funds are intended to meet immediate needs for food, clothing, shelter, business assistance, transportation, home and/or business cleanup, repair or remediation, medicine or medical services.

Supplemental Assistance:

If sufficient funds exist after primary assistance grants have been made, additional disbursements may be given for "Supplementary Assistance." Supplementary assistance will be granted in cases where the beneficiary has exhausted all of their monetary assets to pay for other emergencies (home repair, food, shelter, or medical services), and would result in loss of essential shelter or transportation.

The Relief Fund's ability to provide supplementary assistance may be limited by a lack of available funds.

Eligibility criteria for a grant

Disaster Relief Grants may be awarded for the purpose of providing cash for temporary emergency expenses for Ocean City residents, homeowners, and/or business owners who suffer financial hardship in cases of natural or man-made disasters including floods and hurricanes, as determined by the OCNJ CARE Board of Directors.

What are the eligibility requirements?

The applicant must be a current Ocean City resident, property owner, and/or business owner at the time the disaster occurred.

Eligibility criteria will provide a fair and equitable distribution of funds to victims of disasters. Priority will go to those who need help most.

Applications for assistance from people who are the victims of disasters will be assessed in a fair, equitable and timely manner and each case will be assessed on its merits so any special needs can be considered.

The recipient's eligibility is based solely on need as determined by the OCNJ CARE Board of Directors and/or a committee designated by the OCNJ CARE Board.

A recipient is only eligible for assistance if he or she meets one or more of the following conditions: is displaced from his/her home; has suffered a loss to his/her home; has suffered a loss of business; has lost personal property; has lost employment; has suffered a financial hardship because of the disaster.

What is the application process for a grant?

A **Disaster Relief Grant application form** is available on www.ocnjcare.org, at local churches, city buildings, and through any Board Member.

All applications for relief must be submitted in writing using the OCNJ CARE Disaster Relief Application Form.

All applications for disaster relief grants should be sent to:

OCNJ CARE

PO Box 807

Ocean City, NJ 08226

Or complete online at: www.ocnjcare.org

What is the grant disbursement process?

Upon receipt of the completed application; and after declaration by the Board of Directors of a disaster; and verification of the applicant's need; and approval by the Board; the Board will issue a grant to the recipient. Relief fund grant checks will be distributed to recipients in the most direct and expeditious manner taking into account the instructions of the individual recipient involved. If specific instructions are not provided, the grant check will be sent to the recipient.

APPLICATION FOR PRIMARY ASSISTANCE

Funds are intended to meet immediate needs for food, clothing, shelter, medicine or medical services, transportation, and home clean-up or repair.

To be eligible for assistance, applicants must submit this form duly completed to **OCNJ Care Project: PO Box 807 Ocean City, NJ 08226**, or email to: **grant@ocnjcare.org**.

Please clearly print details of your application in the space provided. If further space is required, please attach separate sheets to this application.

Date Requested _____

Person Needing Assistance _____

Address _____

Phone Number(s) _____

Email _____

Do you have flood insurance coverage? Yes ____ No ____ N/A ____

Description of Loss/Damage and needs:

Note: Please include copies of receipts and photographic evidence where possible, and other documentary evidence in support of your application for assistance in excess of \$500.

Declaration:

I, _____ hereby declare that I have provided true and accurate information to the best of my knowledge and that the loss and/or damage was the result of the above stated disaster/event. The applicant understands that this application and any funds received are considered public documents and have to be made available if the OCNJ CARE – a 501c3 non-profit organization, receives a “Freedom of Information Request”

APPLICATION FOR PRIMARY BUSINESS ASSISTANCE
Funds are intended to meet immediate needs to restore, restock,
and re-open an Ocean City business.

To be eligible for assistance, applicants must submit this form duly completed to **OCNJ Care Project: PO Box 807 Ocean City, NJ 08226**, or email to: **grant@ocnjcare.org**.

Please clearly print details of your application in the space provided. If further space is required, please attach separate sheets to this application.

Date Requested _____

Person Needing Assistance _____

Business Name _____

Business Address _____

Phone Number(s) _____

Email _____

Do you have flood insurance coverage? Yes ____ No ____ N/A ____

Description of needs:

Amount requested/needed to re-open _____

Anticipated re-open date _____

Note: Please include copies of receipts and photographic evidence where possible, and other documentary evidence in support of your application for assistance in excess of \$500.

Declaration:

I, _____ hereby declare that I have provided true and accurate information to the best of my knowledge and that the loss and/or damage was the result of the above stated disaster/event. The applicant understands that this application and any funds received are considered public documents and have to be made available if the OCNJ CARE – a 501c3 non-profit organization, receives a “Freedom of Information Request”