MAYOR'S RELIEF FUND

Name:		***************************************
Address:		
	Account Details	
Phone:	BSB	
Fearl.	Account N ^O	
	Institution	
Are You Owner-Occupier O Tenant		
Describe how you were impacted by the 2020 Storm Event: Please attach any additional information or supporting evidence	e - photos / media clips	
What are you applying for?		
How will this / these items assist you?		
If applying for multiple items please list with individual costs:		
	0	Tatal Cast
Item	Quote	Total Cost
	\$	\$
	\$ \$	\$ \$
	\$ \$ \$	\$ \$ \$
ltem	\$ \$	\$ \$
Total Requested (Maximum \$5,000)	\$ \$ \$ \$	\$ \$ \$
ltem	\$ \$ \$ \$ \$ on or after 9 February 2020	\$ \$ \$ \$
Total Requested (Maximum \$5,000) Please attach proof of Cost - Quotes or Receipts (must be dated of Have you applied for insurance or other assistance to cover these	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$
Total Requested (Maximum \$5,000) Please attach proof of Cost - Quotes or Receipts (must be dated of Have you applied for insurance or other assistance to cover these Were you successful in your application? What emergency relief have you received to date?	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$
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Total Requested (Maximum \$5,000) Please attach proof of Cost - Quotes or Receipts (must be dated of Have you applied for insurance or other assistance to cover these Were you successful in your application? What emergency relief have you received to date? Who provided this relief?	\$ \$ \$ \$ on or after 9 February 2020 e costs?	\$ \$ \$

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Purpose:

The purpose of the Mayor's Relief Fund Flood Appeal 2020 is to support individuals or households who have been impacted by the Flood Event. Additional funding rounds may occur following closure of the Flood Appeal.

Eligibility:

The following criteria apply to all applications:

- 1. The applicant is a resident of the Wollondilly Local Government Area.
- 2. The applicant resides within the flood impact zone, or is significantly affected by other issues as a result of the flood.
- 3. The event or requirement for funds is for a situation of reasonably demonstrated financial hardship due to the Flood Event.
- 4. The applicant has reasonably demonstrated they have first exhausted general sources of finance, such as insurance and other grant funding.
- 5. Grants will only be one-off up to a maximum of \$5,000 per residential address, and all applications in excess of \$500 must have proof of cost.
- 6. Each grant will be dealt with on an individual basis to allow for flexibility.
- 7. Applicants must provide proof of identity and residential address.
- 8. Cash payment will not be provided. Payments will be made by Direct Deposit (EFT) only.

How to apply:

- · Applications open Monday 10 February 2020 and will close at a date to be determined by Wollondilly Shire Council.
- · Complete the application form
- · Attach additional information, evidence including photos media clips
- Attach proof of cost must be dated on or after 9 February 2020. Proof may include receipts, quotes or utilities accounts.
- · Completed applications with additional documents must be: hand delivered, e-mailed or mailed to:

Wollondilly Shire Council Mayor's Relief Fund

62-64 Menangle Street

PO Box 21

PICTON NSW 2571

E- mail: council@wollondilly.nsw.gov.au

Contact Person, Rob Moran Community Projects & Events Team Leader Phone 02 4677 9611 or rob.moran@wollondilly.nsw.gov.au

Privacy and Personal Information Protection Notice Details provided by you on this form may contain personal information as defined by the Privacy and Personal Information Protection Act. The purpose of collecting this information is to enable Council to consider matters under related legislation, issue related documentation where required and other associated matters as provided by law and will be used by Council officers in assessing the application. The information may also be made available to other persons where such access is in accordance with relevant legislation. This information will be stored in Council's records system"

Offic	e Use Only:			
	Application meets Eligibility Criteria			
	Proof of Cost / Quotes provided			
0	Additional information required			
0	Partial Funding Full F	unding Am	nount Approved \$	
Date	Signe	ed (1):	Signed (2):	
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