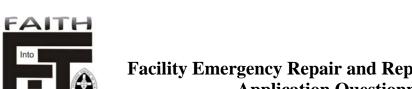
Complete,	save,	attach	and	email	to:	skrull@gci.ne
by deadli:	ne.					





Facility Emergency Repair and Replacement Funding Application Questionnaire

	Page 1
Name of Church or Facility:	
Address:	
Address: ZIP: ZIP:	
Applicant (or Responsible Party) Name:	
Phone:	
Email Address:	
1. What unexpected or suddenly-occurring event happened?	
2. Description of damage or destruction:	
3. Date of incident.	
4. What will it take to fix the problem?	
5. How do you plan to fix the problem?	

						Page 2
-	ve insurance to co you called your ag		☐ YES	□ NO □ YES	□NO	
7. Will this g	rant/loan conflict	with any p	rovisions o	of your insura	nce claim? [□YES □NO
	e estimated cost o labor costs, freigh	-	rs? Please	provide supp	orting docum	entation, such as,
9. Amount re	equested? (Maxim	um allowed	d is \$10,00	00)		
10. What was Report?	s the Average Sur	nday Attend	lance (ASA	A) reported o	n your most r	recent Parochial
11. If loan, p	lease select payba	ck schedul	e.			
	☐ 2 years	□5 yea	ars	□10 years		
ASA of 75 or	r fewer qualifies f	or a grant;	76 or grea	ter qualifies f	or a loan.	
Notes:						
For Internal Use Or					Date	
Signature of Intervi	ewer:				Date:	-

Application must be received within $60\ \mathrm{days}$ of incident or event.