

**FLORIDA PARK SERVICE RANGER ASSOCIATION
 JAMES A. COOK HUMANITARIAN RELIEF FUND
 GRANT NOMINATION & REVIEW FORM**



NOMINEE NAME:	NOMINATOR NAME:
NOMINEE MAILING ADDRESS:	NOMINATOR MAILING ADDRESS:
NOMINEE POSITION WITH FPS:	NOMINATOR PHONE NUMBER & EMAIL ADDRESS:
IF APPROVED MAIL CHECK TO: <input type="checkbox"/> NOMINEE <input type="checkbox"/> NOMINATOR FOR PRESENTATION TO NOMINEE	NOMINATORS STATUS: <input type="checkbox"/> CURRENT FPS EMPLOYEE <input type="checkbox"/> CURRENT FPSRA MEMBER ONE MUST BE CHECKED ABOVE TO NOMINATE

The James A. Cook Humanitarian Relief Fund is designed to provide financial assistance to eligible nominees that are suffering from an extreme and immediate financial hardship caused by a personal illness, injury or loss of or major damage to their home and or contents or similar crises.

The purpose of the Fund is to provide swift assistance to nominees when they are currently experiencing a financial crisis due to an eligible cause. This Fund will not be used as a tool to reimburse nominees for losses but rather to assist them with sustaining life-way* essentials in the immediate and near term.

** Life-way essentials is defined as food, shelter, medical care, ability to work and typical obligations necessary for core family needs.*

1. Check all that apply below
 Nominee is:

- Current FPSRA member.
- Current Florida Park Service employee.
- Retired Florida Park Service employee with 10 or more creditable years of service.
- Florida Park Service volunteer with at least 1040 verifiable hours immediately prior to the incident.

If nothing was checked in section 1, nominee is not eligible for this award.

2. Check all that apply below
 Suffered a financial hardship caused by:

- Illness or injury to Nominee.
- Illness or injury to a dependent family member living with Nominee.
- Loss of or major damage to Nominee’s primary home or personal belongings in home.
- Nominee has deceased within last 90 days and created a hardship on the immediate family.
- Other losses of essential life-way necessities. (Provide details in narrative below)

If nothing was checked in section 2, nominee is not eligible for this award.

GRANT NOMINATION & REVIEW FORM

3. Check all that apply below

Nominee has experienced:

- Loss or reduced pay due to this incident.
- Significant out of pocket costs due to this incident. ("Significant" is an amount that causes a financial hardship to this nominee).

If **nothing** was checked in section 3, nominee is **not eligible** for this award.

4. Check all that apply below

Nominee has or will receive assistance from:

- An insurance policy covering this incident.
- Workers compensation payments.
- Any other source of financial assistance.

If **anything** was checked in section 4, the sources and specifics of checked items must be discussed in the narrative below.

5. Check all that apply below

Nominee has:

- Received financial assistance from this fund for the same cause within the last 12 months.
- Had more than 1-year pass since onset of financial hardship.

If **anything** was checked in section 5, nominee is **not eligible** for this award.

Please describe the details of the nomination below. It is important to describe why this situation creates a financial hardship for the nominee. If the nomination is for an illness or injury please include examples of why the illness or injury has become a hardship such as: high cost for treatment, extended travel, long duration of illness, requirements for overnight accommodations etc. If for damage or destruction of home, include type of damage and cost for alternate accommodations etc.

WRITE NOMINATION NARRATIVE HERE:

FOR COMMITTEE USE ONLY

- NOMINEE ELIGIBLE PER BYLAWS
- NOMINATION RECOMMENDED FOR APPROVAL
AMOUNT RECOMMENDED \$ _____
- COMMITTEE MEMBER NAMES:

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-
-

- NOMINATION APPROVED BY PRESIDENT
AMOUNT APPROVED \$ _____