***Hurricane Harvey Relief Fund***

***Purpose:*** To provide financial assistance to construction workers of AGC General Contractor or Specialty Contractor member firms and to AGC Chapter staff who have suffered financially as a direct result of Hurricane Harvey.

***Eligibility:***

1. Must be a permanent employee (construction worker, support staff, etc) of an AGC General Contractor or Specialty Contractor member firm or an AGC Chapter, in Houston AGC, AGC of Texas, AGC of Southeast Texas, Rio Grande Valley and South Texas Chapter on or before September 4, 2017.
2. Must have incurred a financial loss to their primary residence (home, apartment, etc), vehicle, personal belongings, etc of $10,000 or greater after insurance reimbursements and other assistance. Must be able to demonstrate this through insurance claims, signed affidavit by AGC member firm, or other comparable documentation.

***Distributions:***

1. AGC in the above areas will help to identify the employees eligible for fund distributions based on the above eligibility criteria.
2. Will receive contributions through October 31, 2017 only.
3. Money will be allocated to applicants in equal amounts to assist each family/household with re-building their lives. The formula will be total contributions divided by the number of qualified applicants.
4. All distributions will be made by December 31, 2017.

**AGC CHARITIES, INC.**

**HURRICANE HARVEY ASSISTANCE APPLICATION**

**Application for Construction Craft Workers, Other Construction Professionals and**

**AGC Chapter Staff Affected by Hurricane Harvey**

**(Please Type or Legibly Print. Form Must be Completed in English.)**

**Name of Individual or Organization Applying:** Click here to enter name.

**Occupation/Job Title:** Click here to enter occupation.

**Employer:** Click here to enter name of Employer.  
**Business Address:** Click here to enter street.

**City, State and Zip:** Click here to enter city, state and zip.

**Home Address:** Click here to enter street.

**City, State and Zip:** Click here to enter city, state and zip.

**Telephone (Home):** Click here to enter home phone.

**Telephone (Cell):** Click here to enter cell phone.

**Telephone (Work):** Click here to enter work phone.

**Please provide your temporary contact information:**

**Address:** Click here to enter street address.

**City, State and Zip:** Click here to enter city, state and zip.

**Telephone:** Click here to enter telephone.

**E-Mail Address:** Click here to enter e-mail.

**Briefly describe the nature of the loss/damage sustained and any other assistance amounts requested:**

Click here to enter text.

**Please provide the date the loss was incurred:** Click here to enter date of loss.

**What is the estimated amount of the loss sustained after insurance reimbursement?** Click here to enter amount of loss.

**Please provide where you would like your Disaster Assistance payment mailed:**

**Address:** Click here to enter street address.

**City, State and Zip:** Click here to enter city, state and zip..

**Certification by Applicant:**

I certify that I am a construction professional, a family member of a construction professional, or an AGC Chapter staff member and have suffered a severe economic loss as a result of the disaster as described above.

I certify that the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal to grant assistance under this program.

I authorize the AGC Chapter and AGC Charities to make any inquiries that it deems necessary to verify the accuracy of any information provided on this application or submitted in conjunction with the application.

I understand that the AGC Chapter or AGC Charities may request additional information or documentation to make a determination as to the eligibility to receive assistance. I understand that the granting of such assistance is neither a right nor entitlement and that the Board of Directors of AGC Charities, Inc. shall have the sole discretion in determining whether I qualify for assistance.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please forward completed and signed application to your local chapter by fax or regular mail.**

**AGC Chapter Certification:**

**Name of Chapter:** Click here to enter chapter name.

**Certifying Official:** Click here to enter name.

I certify that I have reviewed the application and the individual is eligible to receive funds from AGC Charities, Inc. to assist them in re-building their lives.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_