



Coast Guard Mutual Assistance

Disaster Grant

CGMA is dedicated to a policy of fair treatment. At all times, CGMA will provide an environment that promotes dignity, respect, fairness, and inclusion. These are essential ingredients to the sustainment of operational excellence, a positive office climate and a healthy work environment. All CGMA personnel and representative will comport themselves in accordance with all Coast Guard civil rights policies at all times. All CGMA clients will adhere to this policy in their interactions with CGMA HQ personnel and CGMA Representatives.

INSTRUCTIONS FOR COMPLETION: This form must be submitted within the following deadlines; **21 Days** after landfall in cases where the only loss was food; **90 days** after landfall in cases with other damage or losses (possibly including food loss).

CGMA Client Information							
Name: First	M.I	Last	Suffix	SSN last 4	Employee/Auxiliary ID		
Home address: Line 1				Line 2	City	State	Zip Code
Member Status:				Active Duty	Retired	Reserve	Civilian
				Auxiliary	PHS	Other	
Rank/Rate/Title		Unit		OFPAC #		Check if client is deceased	
Married:		# of Dependent including spouse		Year joined CG		Year retired	Year of birth
Yes		No					
Email address: personal/Zelle				Email address: Work			
Zelle is an electronic disbursement application between CGMA's bank and yours.							

Applicant Information			
To be completed if the applicant is not the CGMA Client (i.e. spouse, widow(er) or other authorized family member)			
Name: First	M.I	Last	Suffix
SSN last 4		Relationship to Client	
Power of Attorney		Yes	
No			
Email address: personal/Zelle		Pre-Authorization Form	
		Yes	
		No	

Request and purpose		
Type of Assistance Requested	Amount requested	Prefer Funds:
Grant	\$	Apply to my CGMA loan
		electronic disbursement
		Check
Reason for assistance (attach additional pages if necessary and documentation)		

CGMA Client/Applicant's Certification	
I certify that I or my immediate family did own and have incurred the losses indicated in this request and for the purpose being requested. I further agree to voluntarily reimburse CGMA in the event any source does reimburse me for any of these losses in the future.	
I understand that the amount computed on page 2 is just an estimate, and that CGMA HQ will make the final determination on the amount approved.	
Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check the facts surrounding this request. I understand that any misstatement of fact is grounds for denial of this request. I understand that I am responsible for any unpaid balance and that any delinquent unpaid balance may be referred to a collection agency and may affect my credit.	
I hereby authorize the U.S. Coast Guard to supply CGMA with any requested information contained in my official Coast Guard personnel and pay files in connection with this assistance. I further authorize the U.S. Coast Guard, or any agency, to supply my latest home address to CGMA whenever requested. I understand that CGMA is an independent private entity, not part of the U.S. Government. This application form, therefore, is not subject to the Privacy Act (5 U.S.C. 552a). Information provided on this application, in some cases, may be provided by CGMA to the Coast Guard when deemed necessary. This form, with attachments, will be kept on file with CGMA.	
Client's Signature	Date



Coast Guard Mutual Assistance

Disaster Grant

APPLICATION FOR DISASTER ASSISTANCE – PAGE 2

This page must be completed by the applicant with all required supporting documentation attached. Applicant is STRONGLY encouraged to attach a statement providing any additional information not covered elsewhere, including any unusual expenses acquired due to the disaster. The following is a partial list of items are NOT covered by the CGMA Disaster Grant program:

- Emergency supplies: Generators, fuel, flashlights, batteries, etc.
- Travel/lodging expense for member, dependents or pets.
- Rental o storage facility.

Assistance Category	Required Documentation <i>(Note 1)</i>	A. Member's Loss <i>(Note 2)</i>	B. Maximum Authorized	C. Amount Requested <i>(Note 3)</i>
1. Food Loss	Receipts for food replacement.		\$250 Without Dependents \$500 With Dependents	
2. Personal Property Loss	Written Statement Summary List items (clothing, toys, bedding, appliances, furniture, etc.) And Receipts for replaced items.		\$1,500	
3. Vehicle Damage (Note 4)	Repair Estimate And Insurance settlement letter or email showing deductible		Vehicle and Home Damage combine total \$5,000	
4. Home Damage (Note 4)	Repair Estimate And Insurance settlement letter or email showing deductible			
Sub-Total				
Less cost share percentage (reference table below)			%	
Total Grant Requested				

Notes:

1. Documentation is required for assistance requests in rows 1, 2, 3 or 4.
2. Column A is defined as the total cost to the member less any payments made to member (insurance, other grants, etc.) Column C is always the lesser of A and B.
- 3.
4. Repairs completed by the member require a copy of the insurance policy and receipts for the items purchased to complete the repair.

Military	Civilian	Cost Share
E8-W2	GS11/12	10%
W3-O2	GS13	15%
O3-O4	GS14	20%
O5+	GS15	30%
All others (incl NAF & Aux):		0%

(To be completed by CGMA HQ)

Total Grant Approved

\$