



## Grant Application

The CRF Angel Relief Fund provides emergency assistance to Colorado hospitality workers facing an unanticipated hardship, through financial support and a network of community resources.

**ELIGIBILITY:** Available for any Colorado hospitality workers who:

- have a primary source of income rooted in food and beverage
- live in the state of Colorado and are facing an unanticipated hardship (within the past 6 months)
- has worked at current employer 90 days or longer (considerations may be given from previous employer)
- encounters an emergency that's unexpected, unforeseen, non-recurring crisis
- **TYPES OF ELIGIBLE HARDSHIPS:** Unanticipated hardship that fits into one of the following categories:
  - Injury: slip, fall, crash at work or home
  - Illness: sickness causing a worker to miss work
  - Death: of an immediate family member imposing financial burden on the worker
  - Disaster: flood, fire, storm damage disruption of a worker's job

**Types of expenses we cover:**

- Rent, mortgage or transportation
- Utilities (water, gas, electric, sewer)
- Funeral expenses and travel for funeral

**Expenses we DO NOT cover:**

- Medical expenses or medical insurance premiums
- Insurance
- Loan payments
- Credit card bills/phone bills

**BENEFIT:**

Maximum benefit amount: up to \$1,000 at this time, based on financial need

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

May we text you at this #? \_\_\_\_\_

Email: \_\_\_\_\_

Best way and time to reach applicant? \_\_\_\_\_

**Qualifying Event (circle all that apply):** ACCIDENT • ILLNESS • INJURY • DEATH OF AN IMMEDIATE FAMILY MEMBER • FLOOD • FIRE

**Gender (optional, for reporting purposes only):** FEMALE • MALE • NON-BINARY • PREFER NOT TO ANSWER

Number of Dependents:

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**Race (optional, for reporting purposes only):** AMERICAN INDIAN/NATIVE AMERICAN • ASIAN • BLACK/AFRICAN AMERICAN • HISPANIC/LATINO • WHITE/CAUCASIAN • PACIFIC ISLANDER • OTHER • PREFER NOT TO ANSWER

Restaurant or Hospitality Business Name:

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Work address:

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Restaurant Phone Number: \_\_\_\_\_ Applicant date of hire: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

What restaurant did you work at, during time of crisis? \_\_\_\_\_

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How many hours a week are you employed as a Colorado hospitality worker? \_\_\_\_\_

If a "Go Fund Me" campaign or restaurant fundraiser was hosted on your behalf, how much was fundraised? \_\_\_\_\_

Have you received a grant for the Angel Relief Fund before? \_\_\_\_\_

If so, please explain when it happened and circumstance(s): \_\_\_\_\_

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How much time have you missed from work so far (specific dates)?

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How much time do you expect to miss from work? \_\_\_\_\_

Do you have medical or property insurance? If so, please explain:

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Is this situation related to a worker's comp claim? YES • NO

Tell us about your restaurant (circle one): QUICK SERVICE • FAST CASUAL • UPSCALE CASUAL • FINE DINING • OTHER (coffee shop/cafeteria/deli)

Tell us about your position (circle one): FOH • BOH • Other Description:

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Description of unforeseen incident and how it happened (use another page if needed):

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Please state how a grant will help you:

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How has this affected you financially?

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## Crisis Grant Application Financial Worksheet

Applicant Name: \_\_\_\_\_

- Please provide estimated monthly household income: \$ \_\_\_\_\_ (your income)  
\$ \_\_\_\_\_ (spouse's income)  
\$ \_\_\_\_\_ (Child Support)  
\$ \_\_\_\_\_ (disability income)
  
- Please itemize the estimated monthly expenses:
  - Rent/mortgage \$ \_\_\_\_\_
  - Transportation / Auto Insurance \$ \_\_\_\_\_
  - Phone \$ \_\_\_\_\_
  - Electricity/ Gas \$ \_\_\_\_\_
  - Water \$ \_\_\_\_\_
  - Groceries \$ \_\_\_\_\_
  - Personal Medical Insurance Premiums \$ \_\_\_\_\_
  - Child Care \$ \_\_\_\_\_
  - Other \_\_\_\_\_ \$ \_\_\_\_\_
  
  - **Total Expenses** \$ \_\_\_\_\_
  
- Will Workers Comp or insurance cover any of the cost of the loss? (circle all that apply)
  - Workers Comp / Auto / Home / Renters / Health / Medical / Life
  - If so, how much of the cost of the loss is covered? \_\_\_\_\_
  
- Are there other resources available to assist you with this crisis (friends, family, savings, etc)?
  
- Is the applicant receiving any other assistance? Y or N
  - If yes, describe: \_\_\_\_\_
  - Please provide the amount requested: \_\_\_\_\_

### Required Items:

1. Completed Application
2. Statement of need and explanation of crisis (submitted by applicant or on their behalf). Must include information about the unexpected, qualifying event.
3. Completed Financial Worksheet
4. Submitted copies of all that apply:
  - \_\_\_ Rent or mortgage bill or statement
  - \_\_\_ Bills: electric, gas, water/sewer, homeowners assoc. or property tax statements
  - \_\_\_ 2 months' of bank or pay card statements (remove account numbers)
  - \_\_\_ Letter of endorsement from your General Manager or Manager of current employer
  - \_\_\_ Documentation of illness or injury
  - \_\_\_ Receipts for medical supplies or transportation for medical care
  - \_\_\_ Verification documentation for funeral expenses, natural disaster, or housing emergency
  - \_\_\_ Doctor Verification or death certificate

I certify that the information contained in this application is true, correct and complete. By signing the certification below, I authorize CRF to request additional information as deemed necessary in the process of reviewing my request. I understand that this authorization is voluntary and may be revoked at any time by giving written notice of my revocation to the organization contact listed in this application.

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_