



New York National Guard Family Readiness Council, Inc.

A 501 (c)(3) non-profit organization providing financial assistance to members and families of the NY Army & Air National Guard, Naval Militia, and NY Guard.

Print legibly in ink. Illegible information will delay processing. Completed applications received by the Family Readiness Council (FRC) Grant Committee by the 20th of the month are typically reviewed the 1st Tuesday of following month. Incomplete applications will be held for review the following month.

ELIGIBILITY CRITEREA

Read and initial each line. Failure to do so will delay processing of this request.

_____ I am a NY National Guard, NY Guard or Naval Militia member and am in good standing with my Unit.

_____ I attest that my financial hardship is due primarily to an unforeseen event.

_____ I attest that my financial hardship is not due to the mismanagement of personal income.

_____ I understand the FRC provides grants up to \$500. Exceptions to this amount are only made with extenuating circumstances on a case-by-case basis.

_____ I understand that only one FRC grant will be awarded to any service or family member in a 24 month period.

ELIGIBLE EXPENSES

A FRC Grant may be requested for the following *past due* bills and household expenses. Submit copies of the bills for which you are requesting assistance. The FRC Grant Committee reserves the right to grant exceptions on a case-by-case basis.

- Household expenses: repairs, rent, security deposits, mortgage, insurance
- Utilities: electricity, gas, internet needed to attend on-line classes, water
- Vehicle expenses: repairs, insurance, loans at risk for repossession
- Out of pocket medical expenses
- Groceries
- Baby formula, food and diapers
- Funeral expenses
- Household and personal items lost in a fire or natural disaster
- Deployment related legal expenses: child custody, responding legal petitions

INELIGIBLE EXPENSES

A FRC Grant may *not* be used to pay for the following:

- Child support payments
- Bills for someone other than the Guardsman and their dependents
- Tax payments and liens
- Credit card balances, student loans, unsecured and "payday" loans
- Utilities: cable and television services, secondary phone
- Any other expenses not necessary to meet basic needs

THE LIST OF ELIGIBLE AND INELIGIBLE EXPENSES IS NOT EXHAUSTIVE. EACH APPLICATION WILL BE EVALUATED ON ITS INDIVIDUAL MERITS. THE FRC RESERVES THE RIGHT TO MAKE EXCEPTIONS ON A CASE-BY-CASE BASIS.

APPLICANT'S INFORMATION

Either a Service Members or spouse may submit this application.

Name:		DOB:
Relation to Service Member:		
Address:		
City:	State:	Zip:
Email:	Phone:	
Alternate Email:	Alternate Phone:	

SERVICE MEMBER'S INFORMATION

Name:	DOB:	SS#:
Unit:	Rank:	
Unit Address:		
City:	State:	Zip:

HOUSEHOLD INFORMATION

List all adults and children living in the household who are being supported by the applicant.

Relationship:	Name:	Age:
Relationship:	Name:	Age:
Relationship:	Name:	Age:
Relationship:	Name:	Age:
Relationship:	Name:	Age:

ADDITIONAL HOUSEHOLD MEMBERS

List any additional dependents in the household and/or describe any extenuating circumstances that impact their care (e.g. medical diagnosis, physical limitations). Attach additional pages, if necessary.

MONTHLY HOUSEHOLD INCOME

List all sources, and "take home" amounts, of monthly household income. Provide copies of the most recent LES (DFAS Form 720) and civilian pay stubs.

Military Pay:	Disability:
Member's Civilian Pay:	Military Allowances:
Spouse's Military Pay:	Other:
Spouses Civilian Pay:	Other:
Other:	Other:
Total Monthly Net Income:	

FRC USE ONLY

Date Application Received:	Date Application Completed:
Decision Date:	Decision:
Amount Granted:	Signature:

GRANT TERMS AND CONDITIONS

Applicant must read and initial each line.

- _____ I understand that the FRC Grant Committee may contact my endorsing Commander/Leadership regarding this application to confirm my standing within the unit.
- _____ I have read the list of eligible and ineligible expenses and confirm that the grant I have requested falls within these guidelines.
- _____ I understand the NYNG Family Readiness Council is an independent organization and is not affiliated with any branch or component of the US military.
- _____ I understand that any information submitted with this grant application will remain confidential and will be used for the sole purpose of evaluating my grant request.
- _____ I release from liability the FRC and any of its representatives in their attempts to assist me.

I, _____, grant the NYNG Family Readiness Council permission to speak with my unit’s Family Programs Staff representative, _____, regarding this application.

I, _____, grant the NYNG Family Readiness Council permission to speak with my/my spouse’s endorsing Commander regarding this application and to confirm standing within the Unit.

COMMAND ENDORSEMENT

To be completed by the Service Member’s Chain of Command E-8 or above. Commander must initial that each eligibility criteria has been met. Any missing information will delay processing of this grant request.

Name:	Rank:
Position/Title:	
Phone:	Email:

- _____ I have reviewed this completed application in its entirety.
- _____ The Service Member is in good standing with their unit.
- _____ I have spoken to the applicant (member or spouse) about their financial hardship and have confirmed their need is a direct result of an unforeseen event and not due to the mismanagement of household income.

Command Signature: _____ **Date:** _____

MAIL COMPLETED APPLICATIONS AND SUPPORTING DOCUMENTATION TO:
The New York National Guard Family Readiness Council, Inc.
ATTN: FRC GRANTS
595 New Loudon Rd #170
Latham NY 12110
OR FAX APPLICATION AND SUPPORTING DOCUMENTATION TO 518-786-6075