Employer Application for Resiliency Fund

Company Name: _____ **Today's Date:** _____

Current Mailing Address: _____

Primary Contact Name & Title: _____

Telephone: _____ **Email**: _____

Number of Employees impacted: _____

Specific dates in which employees were impacted: _____

Please describe when and how your employee(s) were impacted by an emergency situation in Sonoma County?

Please list all the employees by name and their individual loss. Need assessment will be made and any potential approved funding will be disbursed in gift cards.

Signature: _____ Date:_____

Return completed application to Sonoma County Fundación de la Voz de los Viñedos
3245 Guerneville Road, Santa Rosa, CA 95401 or info@scggf.org
Phone number: 707.522.5864