PROCEDURES FOR THE EMERGENCY NEEDS RELIEF FUND

PURPOSE OF THE FUND
In its desire to help local and council PTAs provide assistance to persons who have suffered economic hardship due to illness, accidents, or natural disaster, Texas PTA established the Texas PTA Emergency Needs Relief Fund in 1995. This fund is used to provide Texas PTA Emergency Needs Relief Grants for victims of catastrophic illness, accidents, fires, floods, hurricanes, floods, and tornadoes. Financial aid is provided only to the truly needy and is consistent with the need.

SOURCE OF FUNDING
Funding comes from tax-deductible donations from individuals, businesses, and PTAs. Contributions should be sent to Texas PTA, 408 West 11th Street, Austin, Texas, 78701, Attn: Emergency Needs Relief Fund. Contributions may not be earmarked for a specific recipient.

WHO IS ELIGIBLE FOR A GRANT?
All PTA members and their immediate families are eligible to apply for a grant. “Immediate families” includes the applicant’s spouse, children, stepchildren, brothers, sisters, father or mother living in the same household as the PTA member. Submitting an application does not require a vote by the PTA executive board or membership but does require the signature of the local PTA president.

WHO OVERSEES THE FUND?
The fund is administered by a subcommittee of the Texas PTA Budget and Finance Committee, chaired by the Texas PTA Treasurer. A minimum of three persons will serve on this subcommittee. The subcommittee is under no obligation to fund a grant request, and there is no guarantee that funds will be available for the grant to be made at any particular time. Subcommittee members serve without compensation and are not eligible to consider applications from their own local PTAs as long as they are serving on this subcommittee.

HOW ARE GRANT APPLICATIONS PROCESSED?
Applications are submitted to the Texas PTA Office. Within ten (10) business days of receipt of the application in the Texas PTA Office, the committee will reach a decision concerning the grant, and the applicant will be notified in writing. Names of grant recipients are confidential.

HOW ARE GRANTS AWARDED?
Awards are based upon expenses incurred and on a combination of factors such as hospital bills and medicines, insurance availability, number of dependents, etc. Although each request is considered on a case-by-case basis, eligibility is generally based on perceived need.

HOW ARE GRANTS PAID?
Grants will be paid on a one-time basis for each qualifying household. Grants will be paid to the service provider, such as a hospital, utility provider, or mortuary.
EMERGENCY NEEDS RELIEF GRANT
APPLICATION AND PAYMENT PROCESS

1. Complete the application, providing all information requested. Incomplete applications are not processed. Provide as much information as possible. Attach any support documentation to the application. Handwritten applications must be printed clearly.

2. Send the completed application and all supporting documentation to finance@txpta.org or:
   Texas PTA
   408 West 11th Street
   Austin, Texas 78701
   Attn: Emergency Needs Relief Grant

3. No verification of receipt of the application is sent. Notification is in writing or electronic once the application has been approved.

4. Funds are paid directly to the service provider.

5. The amount of the grant is $1,000.00 or less, depending on the need and funds available.

6. The first page of the application is general information and requires the signature of the local PTA president. The second page is specific to a families’ financial information and does not need to be shared with or signed by the local PTA president.

7. There is no application deadline. You may submit the application within a reasonable time after the disaster or emergency event has taken place. Applications are accepted on a rolling basis.

For more information, contact the Texas PTA Office at 1-800-TALKPTA.
EMERGENCY NEEDS RELIEF GRANT APPLICATION

General Information

Name: ___________________________________________
Address: ____________________________________  City: ___________________________  Zip: ________________
Phone: ____________________________________  Email: ______________________________________
PTA Name: ________________________________  Texas PTA ID #: _____________  PTA City: _________________
Date of PTA Membership: _____________
Have you received funds from this grant before?  □ Yes  □ No  □ Unknown        If yes, when? _________________
Check the reason you are applying for this grant:

☐ Catastrophic Illness (please specify) _____________________________
☐ Accident (please specify) _____________________________
☐ Fire
☐ Flood
☐ Hurricane
☐ Tornado
☐ Other (please specify) _____________________________

PTA President Signature: ______________________________________  Date: ________________________
EMERGENCY NEEDS RELIEF GRANT APPLICATION

Financial Information

List of payees, amount of each payment, and due date you are requesting (please include a copy of bill(s) to be paid):

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Total amount applied for: _____________________________________

Will you be asking for or are you already received assistance from other organizations? ☐ Yes ☐ No
If yes, who?____________________________________________ What amount(s)? ___________________________

Number of persons (adults and dependent children) in household: ___________________________________________

Does your family have medical insurance? ☐ Yes ☐ No Please explain. _____________________________________

Does your family have disability insurance? ☐ Yes ☐ No Please explain. ____________________________________

Have you experienced or do you anticipate a loss of wages? ☐ Yes ☐ No Please explain._______________________

Applicant Signature: ______________________________________ Date: ______________________