



### **COVID-19 Relief Grant Application**

Social Butterflies Foundation

P.O. Box 1652

Newport News, Virginia 23601

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Social Butterflies Foundation COVID-19 Relief Grant Guidelines are as follows:

Applications for COVID-19 Relief will be screened by the Social Butterflies Foundation Board members and Grant Relief Committee.

Applicants must be 18 years or older and be lupus and/or fibromyalgia survivors. The applicant must reside within the following cities: Newport News, Hampton, Virginia Beach, Chesapeake, Portsmouth, Suffolk, Williamsburg, Yorktown, Poquoson, and Harrisonburg.

Applicants must provide proof of being unemployed, furloughed, reduced time in hourly wages or a financial hardship resulting in any of the above during the COVID -19 pandemic.

Applicants must provide proof of income from other Sources ie. Employment, Unemployment, Public Assistance, Child Support, Social Security Disability/SSI, Social Security Retirement, and Pensions.

This grant can cover utilities ie. gas, electric and water. This grant can also be used for treatments, medications and personal equipment related to lupus and fibromyalgia (Copies of the bill and/or statement must be submitted with application). This grant **can not be used for** rent, mortgages, car payments, cell phone bills, or cable and internet services.

The need for relief must be within the time frame of the COVID-19 Pandemic from March-Present.

If applicant is under 18 years old and is a lupus and or fibromyalgia survivor a parent or guardian will be able to complete application for survivor with proof of guardianship.

The COVID-19 Relief Grant can only be used once in the 2020 Calendar year.

This grant must be exhaustive (last resort of means) to any other assistance available (ie. other organizations, government agencies, or public health).

The grant (monetary funding) will be paid directly to the agency the applicant is indebted to.

Copy of Valid Driver License or State Identification Card must be submitted with application.

Please Print

Name of Applicant or Parent or Guardian of Minor

Survivor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Primary Telephone: ( ) \_\_\_\_\_

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

Request for Need of

Relief: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Sources used for Relief : \_\_\_\_\_

Amount Requested : \_\_\_\_\_

Amount Requested from Social Butterflies Foundation (\$100-\$300) : \_\_\_\_\_

Payable To: \_\_\_\_\_

Other Circumstances for our Grant Committee to Consider (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization to Release Information (Health and Financial) to Social Butterflies Foundation and Grant Committee to verify Information:

Applicant or Parent or Guardian of Minor Survivor  
(Printed Name) \_\_\_\_\_

Applicant or Parent or Guardian of Minor Survivor  
(Signature) \_\_\_\_\_

Signature of Applicant or Parent or Guardian of Minor Survivor: \_\_\_\_\_ Date: \_\_\_\_\_