

Greater Oconee County Chamber of Commerce Foundation

Fire Recovery Assistance Program

Purpose

The Greater Oconee County Chamber of Commerce Foundation established the Fire Recovery Assistance Program to distribute donated funds to eligible businesses affected by the recent local fire.

The purpose of this program is to provide financial assistance to businesses experiencing losses, expenses, or interruption as a direct result of the fire. The Foundation recognizes that the impact varies significantly among affected businesses. Some businesses experienced a total loss, while others sustained partial damage, loss of inventory or equipment, displacement, or interruption of normal business operations.

The Foundation also recognizes that insurance coverage varies. Some businesses may have comprehensive coverage, some may have limited coverage, and others may have no applicable insurance.

The goal of the program is to distribute donated funds in a fair, consistent, transparent, and compassionate manner based primarily upon the impact of the fire and each applicant's remaining unmet need.

Eligibility

To be considered for assistance, an applicant must:

1. Be a business that was operating at a location directly affected by the fire or its immediate consequences.
2. Demonstrate a financial loss or business interruption directly related to the fire, smoke, water, firefighting efforts, loss of utilities/access, or another direct consequence of the incident.
3. Complete and certify this application and provide reasonable supporting documentation requested by the Foundation.

Businesses are not automatically disqualified because they had insurance.

Insurance proceeds, governmental assistance, grants, donations, and other sources of recovery may be considered when determining the applicant's remaining unmet need.

Types of Losses That May Be Considered

The Foundation may consider documented losses and expenses including, but not limited to:

- Damage or destruction of the business location
- Inventory lost or damaged
- Furniture, fixtures, machinery, tools, and equipment
- Computers, technology, and business records
- Smoke and water damage
- Cleanup and remediation expenses
- Temporary relocation expenses
- Replacement of essential business equipment or supplies
- Lost or interrupted business operations
- Insurance deductibles
- Losses exceeding insurance coverage
- Necessary expenses not covered by insurance
- Other documented fire-related business expenses

The Foundation may determine that certain losses or expenses are not eligible depending upon the circumstances and the charitable purposes governing the donated funds.

Insurance and Other Assistance

Applicants should disclose whether insurance coverage was in place at the time of the fire and whether a claim has been or will be filed.

Having insurance **does not automatically make a business ineligible for assistance.**

The Foundation may consider:

- Whether the business had insurance;
- The amount and type of coverage available;
- Applicable deductibles;
- Insurance exclusions or coverage limitations;
- Amounts paid or expected to be paid by insurance;
- Delays in receiving insurance proceeds;
- Whether business interruption coverage was available;
- Other grants, donations, governmental assistance, or recovery funds received; and
- The applicant's remaining unmet need.

Applicants who did not have applicable insurance may still be considered for assistance. Lack of insurance will not, by itself, guarantee a larger award.

The purpose of requesting insurance information is to help the Foundation understand each business's actual remaining need and to avoid, when practicable, duplicating losses already fully compensated from another source.

Award Priorities

Because available donations may not be sufficient to cover all losses, the Foundation may prioritize applications based upon factors such as:

Severity of Impact: Priority may be given to businesses experiencing catastrophic or total loss.

Unmet Financial Need: Consideration may be given to the difference between the business's documented losses and resources reasonably available for recovery.

Ability to Resume Operations: Consideration may be given to whether assistance could help the business reopen, relocate, retain employees, replace essential equipment or inventory, or otherwise continue operating.

Insurance and Other Recovery: Insurance and other assistance will be considered in determining remaining need but will not automatically determine eligibility.

Extraordinary Circumstances: The Foundation may consider other circumstances that materially affect a business's ability to recover.

Award Amounts

Submitting an application does not guarantee an award.

Awards will depend upon:

- Total donations available for distribution;
- Number of eligible applicants;
- Severity of documented losses;
- Remaining unmet needs of applicants; and
- Any other factors the Foundation determines are appropriate and consistent with the charitable purpose of the fund.

Awards are intended to provide recovery assistance based on the available funds contributed to this fund and should not be considered an option for full reimbursement for all losses.

The Foundation reserves the right to make full, partial, equal, proportional, tiered, or other reasonable distributions based upon available resources and documented circumstances.

Application Review

Applications will be reviewed confidentially by the Foundation Board of Directors. The Foundation reserves the right establish a special review committee to assist in the review process.

Committee members should disclose any personal, financial, family, or business relationship with an applicant that could create an actual or perceived conflict of interest. The committee shall not consist of any current elected officials of the City of Walhalla. A member may be asked to abstain from reviewing or voting on an application when appropriate.

The Foundation may contact an applicant for clarification or additional documentation.

Information provided in an application will be used for evaluating requests for assistance and administering the fund. Information may also be provided to the Foundation's professional advisors, accountants, attorneys, auditors, or governmental authorities when required or appropriate.

BUSINESS FIRE RECOVERY ASSISTANCE APPLICATION

Business Information

Legal Business Name: _____

DBA/Business Name, if different: _____

Business Address Affected by Fire:

Mailing Address, if different:

Business Owner(s): _____

Primary Contact: _____

Telephone: _____

Email: _____

Type of Business: _____

Number of Employees Before Fire: _____

Was the business operating at this location at the time of the fire?

☐ Yes ☐ No

Impact of the Fire

Please indicate the approximate level of damage:

- ☐ Total loss / business location and contents destroyed
- ☐ Major damage / currently unable to operate
- ☐ Significant damage / limited operations possible
- ☐ Moderate damage
- ☐ Minor damage
- ☐ Other: _____

Is the business currently operating?

- ☐ Yes — normal operations
- ☐ Yes — limited operations
- ☐ Yes — temporary location
- ☐ No — temporarily closed
- ☐ No — future reopening uncertain

Please briefly describe how the fire affected your business:

Do you intend to reopen or continue operating the business?

- ☐ Yes
- ☐ No
- ☐ Undecided

If yes, please describe your current recovery/reopening plans:

Section 3 — Estimated Losses

Please provide your best current estimate. Exact figures are not required if insurance claims or loss assessments are still being completed.

Building/Leasehold Improvements: \$ _____

Inventory: \$ _____

Furniture/Fixtures: \$ _____

Equipment/Tools: \$ _____

Computers/Technology: \$ _____

Cleanup/Remediation: \$ _____

Temporary Location/Relocation: \$ _____

Estimated Business Interruption/Lost Income: \$ _____

Other Fire-Related Losses: \$ _____

Estimated Total Loss: \$ _____

Please describe any significant losses not explained above:

Section 4 — Insurance

Did the business have insurance applicable to this loss?

- ☐ Yes
☐ No
☐ Unsure

If yes:

Insurance Company: _____

Has a claim been filed? ☐ Yes ☐ No

Estimated amount insurance will pay, if known: \$ _____

Insurance deductible: \$ _____

Does the policy include business interruption coverage?

☐ Yes ☐ No ☐ Unsure

Has insurance denied or excluded any portion of the loss?

☐ Yes ☐ No ☐ Pending/Unknown

If yes, please briefly explain:

Section 5 — Other Assistance

Have you received or do you reasonably expect to receive financial assistance related to this fire from another source?

☐ Yes
☐ No
☐ Pending/Unknown

If yes, please identify the source and approximate amount:

Examples may include governmental assistance, grants, crowdfunding proceeds, charitable assistance, or other recovery funds.

Section 6 — Current Unmet Need

After considering insurance and other assistance that you reasonably expect to receive, what is your current estimated **unmet financial need**?

\$ _____

Please explain what assistance from the Foundation would most help your business recover:

Examples may include replacing inventory, purchasing equipment, financial assistance to employees, paying a deductible, securing a temporary location, cleanup expenses, reopening expenses, or other immediate recovery needs.

Section 7 — Supporting Documentation

Please attach available documentation that helps demonstrate the business's loss and recovery needs.

Examples may include:

- ☐ Photographs of damage
- ☐ Insurance claim information
- ☐ Insurance coverage or denial information
- ☐ Damage estimates
- ☐ Inventory/equipment loss list
- ☐ Repair or replacement estimates
- ☐ Lease or proof of business location
- ☐ Receipts or invoices for recovery expenses
- ☐ Other relevant documentation

The Foundation understands that some records may have been destroyed or may not yet be available. Applicants should provide what is reasonably available.

Section 8 — Applicant Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge.

I understand that submission of this application does not guarantee that assistance will be awarded or that any award will equal the amount of my reported loss.

I authorize the Greater Oconee County Chamber of Commerce Foundation to request reasonable additional information necessary to evaluate this application.

I agree to notify the Foundation if I receive significant additional insurance proceeds or other assistance related to losses included in this application before an award decision is made.

I understand that awards are subject to available donated funds and the Foundation's eligibility requirements, charitable purposes, policies, and final approval.

Applicant Name: _____

Title/Relationship to Business: _____

Signature: _____

Date: _____

Best Telephone Number: _____

Email: _____