



Sonoma County Grape Growers Foundation
3245 Guerneville Road
Santa Rosa, CA 95401
707.522.5864
www.scggf.org

**Employer Application for SCGGF Support Fund for Ag Employees
Kinkaid Fire 2019**

Name: _____ Today's Date: _____

Address where damage occurred, including zip code

Current mailing address: _____

Contact: _____ Email: _____

of Employees impacted: _____ Telephone: _____

Briefly describe how your employees were impacted by the 2019 Kinkaid Fire. Did they experience a loss in wages? Were primary residence(s) destroyed or significantly damaged by the fire? Were cars destroyed? Did your employees experience evacuation costs?

Please list all the employees by name and briefly describe their loss. Funding will be disbursed in \$500 gift cards. Example: John Doe \$500 (lost wages), Jane Doe \$500 (evacuation costs). Requests over \$500 have a separate application and process.

Signature: _____ Date: _____