## Sonoma County Grape Growers Foundation

3245 Guerneville Road Santa Rosa, CA 95401 707.522.5864

[www.scggf.org](http://www.scggf.org/)

# Employer Application for SCGGF Farmworker Family Resiliency Fund

# COVID-19

**Background:** COVID-19 has had a significant economic impact, leaving millions of Americans unemployed. Although agricultural employees are deemed “essential” and are currently working, the Sonoma County Grape Growers Foundation (SCGGF) recognizes that many agricultural families rely on dual income. Early indicators and data show many of the spouses of agricultural employees recently lost their job as a result of COVID-19. SCGGF has limited funding available for those families seeking financial stability.

In order to qualify for support agricultural families must **meet all** of the following criteria:

1. Support can only be provided to full-time, year-round agricultural families working in Sonoma County. Seasonal employees are not eligible.
2. Managerial employees and their families **are not** eligible, support must go to employees who work primarily in vineyards (tractor driver, canopy management, pruning and suckering etc).
3. Employees must be able to provide a letter or some form of documentation showing their spouse was recently laid off as a result of COVID-19. A letter from the past employer would be acceptable, as would unemployment documentation. The documentation must be in English.
4. The Employer will be required to gather all the documentation and fill out the application. **Only applications completed by the employer will be accepted, applications from individual employees will not be accepted.**

Applications will be accepted on a rolling basis until all funding is exhausted. They will be prioritized on a first come, first serve basis. Upon receipt of the application and supporting documentation, SCGGF will act quickly to provide agricultural families with a gift card to help offset lost revenue.

## Employer Name: Today’s Date:

**Employer mailing address:**

**Contact: Email:**

**# of families impacted: Telephone:**

Please list all of your employees whose spouses were laid off as a result of COVID-19. Please attach documentation that proves the layoff occurred.

**Please return this application to Kate Piontek at** **kate@scggf.org** **or via fax to 707.522.5866**

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| --- | --- | --- |
| *Name of employee* | *Name of Spouse* | *Spouse was laid off due to COVID-19 Y/N* |
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