## 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 Support Fund for Farmworkers

# COVID-19

**Farmworker Resiliency Fund:**

Although farmworkers are considered essential workers, SCGGF recognizes COVID-19 has had an economic impact on many Americans, regardless of their “essential business” status. SCGGF, in partnership with Kaiser Permanente has limited funding available to directly support farmworkers who have suffered financial losses because of COVID-19. SCGGF is currently accepting applications for support.

In order to qualify for support farmworkers 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 have experienced one of the following economic losses on or after March 18, 2020**
	* Missed work because they (or a family member within their household) had COVID-19 symptoms
	* Missed work because they needed to quarantine due to potential exposure to COVID-19
	* Missed work due to childcare issues because of COVID-19
	* Missed work because they were getting tested for COVID-19
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 farmworkers with a $100 gift card for each day of work missed (with a maximum of 5 days/$500).

## Employer Name: Today’s Date:

**Employer mailing address:**

**Contact: Email:**

**# of employees impacted: Telephone:**

**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* | *Days of work missed**\*maximum 5 days\** | *Reason for missing work* |
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Signature: Date: