



Sonoma County Grape Growers Foundation
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www.scggf.org

Employer Application for SCGGF Resiliency Fund for Ag Employees
Walbridge Fire 2020

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 2020 Walbridge 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 gift cards ranging from \$250 - \$500. \$250 for employees who experienced evacuation only and \$500 for employees who were both evacuated and suffered a loss of wages.

Example: John Doe \$500 (lost wages & evacuation), Jane Doe \$250 (evacuation only costs).

Priority is given to employees who live and/or work within the mandatory evacuation zone

Signature: _____ Date: _____