

 Employer Application for 2023 Resiliency Fund

Company Name: Today’s Date:

Current Mailing Address:

Primary Contact Name & Title:

Telephone: Email:

Number of Employees impacted:

**Briefly describe when and how your employees were impacted by the recent flooding. Did they experience loss in wages? Were primary residence(s) destroyed or significantly damaged by the flooding? Did your employees experience evacuation costs?**

**Please list all the employees by name and their individual loss. Need assessment will be made and any potential approved funding will be disbursed in gift cards.**

Signature: Date:

Return completed application to Sonoma County Fundación de la Voz de los Viñedos

3245 Guerneville Road, Santa Rosa, CA 95401 or info@scggf.org

Phone number: 707.522.5864