

Employer Application for Resiliency Fund

Company Name: Today’s Date:

Current Mailing Address:

Primary Contact Name & Title:

Telephone: Email:

Number of Employees impacted:

Specific dates in which employees were impacted:

**Please describe when and how your employee(s) were impacted by an emergency situation in Sonoma County?**

**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