



American Culinary Federation Education Foundation (ACFEF) Disaster Relief Fund Assistance Request

Funds from the ACFEF Disaster Relief Fund are available to assist ACF members, schools with ACFEF programmatic accreditation and its students, communities and individuals affected by catastrophic events and natural disasters. Disaster relief can be provided in the form of a check, gift card, services and/or goods to ensure that victims have the basic necessities, such as food, clothing, housing (including repairs), transportation and medical assistance (including psychological counseling), as set forth by "Disaster Relief: Providing Assistance Through Charitable Organizations," found in Publication 3833 by the Internal Revenue Service (IRS), Tax Exempt and Government Entities, Exempt Organizations, located at <http://www.irs.gov/pub/irs-pdf/p3833.pdf>.

Please complete and return this form to: ACFEF Disaster Relief Fund, American Culinary Federation, 180 Center Place Way, St. Augustine, FL 32095, or fax to (904) 940-0741, or email to disasterrelief@acfchefs.net. For additional information, call (904) 484-0220.

Last name: _____ **First name:** _____ **Middle initial:** _____ **Date:** _____

Permanent residence

Street: _____ City: _____ State: _____ Zip: _____

Alternate address (if applicable)

Street: _____ City: _____ State: _____ Zip: _____

Daytime/cell phone number: _____ **Email address:** _____

ACF member number (if applicable): _____ **ACF Chapter number** (if applicable): _____

Employer name: _____ Employer city: _____ Employer state: _____

School name (if student)

School name: _____ School city: _____ School state: _____

Catastrophic event and/or natural disaster: _____

Description of how affected: _____

Reason for request: _____

By signing and dating this form, I hereby certify that the information I have submitted is correct and true. Furthermore, I certify that I am in need of basic necessities, such as food, clothing, housing (including repairs), transportation, and medical assistance (including psychological counseling) due to losses I suffered as a result of a catastrophic event and/or natural disaster.

Signature

Date

Printed Name

FOR INTERNAL PURPOSES ONLY

ACF/ACFEF representative: _____ Date: _____

Action taken: _____

Purpose for action taken: _____

Is there a personal relationship between the recipient and officers, directors or key employees of or substantial contributors to the ACF and its subsidiaries? Yes No

If yes, please explain: _____