

**DISASTER
RECOVERY
SERVICES
MEMPHIS**



A community coming together to provide a coordinated recovery assistance to victims of a major local disaster utilizing all organizations & resources available.

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STEPS

- Step 1.** Develop your plan “BEFORE” a disaster strikes your area.
- Step 2.** If it is too late for Step 1 then start with Step 2 – review the materials in this booklet before you try to mobilize your community leadership.
- Step 3.** Gain the support of several of the most important community leaders such as City and/or County Mayor, President of the United Way, President of the Chamber of Commerce, Chairperson of the Ministerial Association, Local EMA Leader, and any FEMA Leaders in town. Review the Goals and Objectives with them and get their support for a community meeting to organize your own Disaster Recovery Services.
- Step 4.** Schedule a community meeting and send invitations to all interested governmental and non-governmental entities, private and public not-for profit agencies and organizations and ask them to attend.
- Step 5.** Prepare the Agenda for this meeting. .
- Step 6.** Recruit an appropriate person prior to this meeting (see Leadership Qualities) to serve as the Chairperson for DRS and several well respected leaders to serve on the Board.
- Step 7.** Establish a NEW Centralized phone # to be used by the community for RECOVERY contact and information. Presuming that Step 5 and 6 are successful and that the community “buys in” to the concept, schedule the first meeting of the Board of DRS.
- Step 8.** Work diligently to get the major relief agencies and local ministerial association involved on the DISASTER RELIEF COMMITTEE .
- Step 9.** Develop a trust level with all participants from day one. A major key to success is to achieve a community partnership where all partners are considered of equal importance and everyone is willing to set aside personal and political agendas to focus on the needs of the disaster victims.
- Step 10.** Utilize a “community needs” survey to begin the work of a DISASTER RELIEF COMMITTEE . Role up your sleeves and start to work. Maintain your commitment that “together we can accomplish our goals”. Use this booklet as a resource and run with it.
- Step 11.** Expect to run into some problems but do not give in to them. Count on each partner to bring important contributions to achieve success.
- Step 12.** Improvise when necessary, keeping in mind that the goal is to return the victims to the same place they were prior to the disaster. The focus is RECOVERY not emergency relief.

PREFACE AND ACKNOWLEDGEMENTS

We envision a model community partnership where all partners would be considered equally important and all voices would blend into one unified song. They insisted on giving it a public name that wouldn't imply that any one person or entity ran the show. Their goal was to set aside personal and political agendas to focus solely on the needs of disaster victims.

The following materials and information have been compiled in the same manner with many partners contributing to this "Model" to hopefully benefit not only this community but other communities in the future that are faced with meeting the needs created by a disaster.

Many generous people and organizations have contributed both to the success of Disaster Relief Committee as well as to the creation of this booklet. They include: individuals, case managers, victims, relief agency professionals, volunteers from across this great country of ours.

This information is presented as an informal guide and is not intended to provide legal, financial or professional advice or direction to anyone or any community. Your use of this information is done by your assuming any responsibilities for your actions and the consequences of those actions.

DISASTER RELIEF COMMITTEE

DISASTER OVERVIEW-

The City of Memphis has been and will continue to be subjected to a wide variety of hazards that have the potential for causing significant damage and/or loss of life. It is imperative that local government agencies, as well as the citizens at large be prepared to deal effectively with the results brought about by the occurrence of such events. Additional, it is prudent to take appropriate steps to lessen the potential effects of such events or to prevent their occurrence altogether. Sections of our community may at times be challenged with emergent events that cause damage. In large scale events reimbursement of cost associated with damages are typical and are covered by funds realized by disaster assistance under the Federal Emergency Management Agency (FEMA). However, in localized events this is not the case. This document is one effort to elevate gap funding relief for individuals who require some assistance to move forward after a localized disaster.

I. PURPOSE

The purpose of the Disaster Relief Committee organization is to coordinate the delivery of short term recovery assistance to the victims of localized emergency or disaster that find themselves in need an in a gap between ability to afford resources to return to pre event status and assistance from other sources. This involves multiple agencies, including governmental, not for profit agencies, community civic and service groups, religious, and educational groups, etc. This body will act to facilitate recovery needs initially in these areas affected by the September 11, 2014 flooding with the assistance of the United Way having fiscal oversight. Concerning future short term recovery efforts and unmet needs, this body will work as a partner with the American Red Cross utilizing their framework as it relates to disaster recovery.

II. GOAL

The GOAL is to provide cost effective and coordinated delivery of services to insure that all victims receive the maximum amount of assistance in a timely and efficient manner. One hundred percent of the funding received will be used to provide direct assistance to the victims of the disaster. Initially, this body will focus on recovery needs of the flooding in the neighborhoods of Raleigh and Whitehaven in Memphis, TN.

III. OBJECTIVES

1. To assure all victims have equal access to all assistance resources from one centralized delivery system.
2. To provide the victims the benefit of quick coordinated decision making and commitments from those providing the services and resources.
3. To have the benefit of the collective creative problem solving skills of many experienced professionals from different disciplines.
4. To protect the confidentiality of information while allowing the appropriate exchange of information to avoid duplicating benefits.
5. To assure the public that 100% of the funds are used to provide benefits directly to the victims through using a voucher system for the distribution of assistance.

IV. FUNDING

The funding for this operation could be expected to come from a variety of sources. Initially funds will come from the general fund approved by the City Of Memphis City Council for the flooding events of September 11, 2014. These funds will be transferred and administer through the use of an approved fiscal agent (United Way) by the finance division of the City Of Memphis. Additional funding may be available for future disaster recovery will be a joint effort of the City Of Memphis and Shelby County. These funds will be handled in a similar manner and will be transferred and administered through the use of an approved fiscal agent and case management resource like the American Red Cross. Such sources as: community fundraising events, individual contributions, donations from business and industry, governmental resources, and /or other sources yet to be determined could be applied to the funding effort for recovery. These funds would be transferred officially to the agency that has responsible for case and fiscal management.

The distribution of these funds will be by authority of the Board of the Disaster Recovery Services. The funds will be handled through a special Restricted Fund to a partnering nonprofit agency like the American Red Cross. In some cases funds may be distributed by partnering agencies in accordance with their fiscal policies.

V. MEMBERSHIP-

Disaster Relief Committee will be composed of any and all agencies: governmental, not for profit agencies, community civic and service groups, religious and educational, etc. who are willing to participate in this effort.

VI. GOVERNANCE

- A.** Membership and representatives of the major contributors a group of community leaders will serve in the capacity of the Unmet Need committee. This committee will give final approval of the distribution of funds based upon recommendations. Members will include, but are not limited to, the following: The American Red Cross, MIFA, The United Way, The Community Foundation of Greater Memphis, City of Memphis Community Affairs, City of Memphis Housing and Committee Development, and the City of Memphis Public Works- Code Enforcement. The City of Memphis Office of Emergency Management will facilitate needs associated with information related to the disaster and coordination of community involvement both public and private.

The *management* of this operation related to the flooding events of September 11, 2014 shall be vested in the United Way. This organization shall have and exercise all powers necessary to control the policy of the operations in all its details. No debt, contract or obligation shall be binding unless contracted under the authority of this agency. The United Way shall meet on an as needed basis and make decisive actions based on the Disaster Relief Committee. Disaster Recovery for events occurring will be managed by the American Red Cross and their disaster recovery framework. The American Red Cross will utilize the partnership of this committee address unmet needs.

B. Officers:

- a. Chairperson** –The chairperson should inspire, direct and lead in the direction that the operation laid out in its policy-making and planning.
- b. Vice Chairperson** –He/she will preside and perform in the absence of the Chairperson
- c. Chair Case Management** He/she will see that all records are properly maintained for all cases handled by DRS
- d. Secretary/Treasurer**– Serves function of operating and coordinating information; tracking; and communicating and recording for the Disaster Relief Committee. The operational function and responsibilities of this position include, but are not limited to, the following:
 - Keeps accurate minutes of each Disaster Relief Committee meeting.
 - Keeps track of the allocation of all resources to cases.
 - Works very closely with the Chairperson, the Treasurer and the Fiscal Agent.
 - Works closely with the representative of the fiscal agent to know the accurate information regarding allocated funds.
 - Maintains accurate records of where resources are paid and from which funding source they are to be paid, and provides the Treasurer with up to date information on balance of resources available to allocate.
 - Maintains a record of all cases referred to DRS, and the allocation of resource to meet the needs of each case.
 - Maintains a log showing the voucher issued, the case to whom they are issued, when they are paid and by which source of funding; and prepares information on cases to present to the Committee.
 - Assist with the development of the agenda for the Disaster Relief Committee
 - Coordinates with case management agency on the current status of each case and the resources allocated to each case.

C. Disaster Relief Committee–

The Disaster Relief Committee shall meet on an as needed basis. The committee will hear presentations regarding the needs of victims and the case workers recommendations for providing services to meet those needs. The committee will either: approve the recommendations and allocate the appropriate funding, reject the request asking for additional research and/or information to be brought back for reconsideration, or agree to move the case to the board for action.

Voting – all approvals will require a majority of those voting on each motion. Each agency or organization will have one (1) vote on each issue.

D. Fund Allocations –

Award Minimums/Maximums:

Homeowners and Renters:

\$100; Minimum to a \$5,000 Maximum

Small Businesses:

\$500; Minimum to a \$10,000 Maximum

Application For and Disbursement of Funds:

Affected homeowners, renters and small business owners who meet the aforementioned qualifications, or are otherwise eligible for assistance, must submit an application for assistance no later than **25 days** following the announcement of the program.

Assistance will be provided to eligible applicants in one of two distribution methods:

- Immediate assistance in the minimum amount of \$100 for homeowners and renters and a minimum amount of \$500 for small businesses will be made available to cover the urgent recovery need(s) of applicants providing sufficient supporting documentation of incurred expenses related to disaster recovery efforts. Documentation may include, though is not limited to receipts, invoices, contractor estimates, analyses and estimates prepared by independent third party verifiers such as insurance companies or structural engineers. An additional amount of assistance, up to the maximum allowable for the Program (\$5,000 Homeowners/Renters; \$10,000 Small Businesses) will be made available upon the submission, review and certification of subsequent documentation for related and eligible recovery costs. Additional assistance documentation may be submitted after the application deadline but no later than six (6) months after the announcement of the program. Further, applicants may receive no more than three (3) disbursements from the Program.

- Full assistance up to the maximum amount allowable for the Program (\$5,000 Homeowners/Renters; \$10,000 Small Businesses) will be made available upon the submission, review and certification of receipts, invoices, contractor estimates, or insurance estimates for related and eligible recovery costs, if these documents are furnished at the initial point of application.

The Disaster Relief Committee may recommend cases and needs related to services or funds in the amount limits above to the Board for consideration and allocation.

E. Fiscal Agent –The fiscal agency must be willing to devote on a volunteer basis staff time to handle the DRS funds allocated to DRS from the community. The fiscal agent will handle distribution of resources in a manner consistent with the direction of the Board of DRS. The fiscal agent will provide timely reports to the committee secretary treasure on the finances and cash flow.

VII. GENERAL GUIDELINES

1. All cases presented to the Disaster Relief Committee must be accompanied by a - Release of Confidentiality form signed by the client so that case information necessary to accomplish case planning can be shared; however, professional standards of confidentiality still apply to the committee as a whole.
2. All cases should be encouraged to register with FEMA in order for DRS to provide assistance whether or not they receive FEMA assistance. FEMA sets a declaration to start the RESPONSE and a deadline is given for its completion is given.
3. All commitments of resources by any participating agency are voluntary and may be based on the agency's individual criteria for service. Agencies may be encouraged to extend these criteria with the use of additional funding made available.
4. All funding distributed through DRS will be directed through a voucher system determined by the fiscal agent with payments directly to the vendor or individual for the services provided. Checks will not be given to individual victims unless approved by the Board. A special circumstance must exist and be noted in the meeting minutes.
5. In addition to providing and coordinating funding for victim assistance, the Disaster Relief Committee will have some responsibility to assist with the coordinated use of volunteers.
6. Periodic reports may be provided to the media to keep the community aware of the use of donated funds and the effort to assist all victims of the disaster.

VIII. CASE MANAGEMENT

Efficient recovery does not begin until case management is in place; the necessity is only heightened by the degree of the disaster. The size and scope of case management and whether it can be accomplished solely by volunteers

Suggestions for case management include:

- A. Make arrangements for door-to-door survey of affected area by trained volunteers.
- B. United Way/ American Red Cross to agree to handle cases and coordinate volunteers.
- C. Case management agency (Shelby County Community Services Agency) working with other long-term response groups puts office in place and begins arranging for volunteer work team housing.

DEFINITIONS:

- A. **Rebuilds** – Homes that are completely destroyed and must be rebuilt from the foundation up.
- B. **Major Damage** – Homes that are basically uninhabitable but are not completely destroyed. These homes require extensive repairs, roofs, windows, ceilings, etc to make them habitable.
- C. **Minor Damage** – These homes are habitable but require minimal repairs to restore them to pre-disaster condition. The people are currently residing in these less than desirable conditions.
- D. **Appliances/Furniture** – Those homes that were not severely damaged or have already been repaired but require replacement of lost or damaged appliances and furniture.
- E. **Miscellaneous**– Related to relocation, storage expense, etc.

XI. *POLICY SUGGESTION:*

A. **Allocations Priorities**

1. The **first priority** is for a maximum of 40% of the available funds to be earmarked for the Rebuild portion of Recovery Services. This would be combined with the resources from other designated funds.
2. The **second priority** is to set aside 35% of the available **funds** to be used on Major Repairs.
3. The **third priority** is to set aside 15% of the available **funds** to be used on Minor Repairs.
4. The **remaining** 10% of the available funds would be used for all other needs.
5. In the event that the funds set aside for a particular area are not required the unused funds may be shifted to another category.

Needs to be fillable form

APPENDIX A - Application for Assistance

Warning: The information contained in this application is protected by federal Privacy Act laws and must be kept completely confidential. Upon completion, the client is entitled to review its contents, comment upon it and sign it.

Client's name _____ Age _____
Home address _____
City _____ Zip _____ Rent or Own?
Current address _____
City _____ Zip _____ Rental family/friends other
Phone: Home _____ Work _____ Cell _____

Complete Names of All Others Living in Pre-Disaster Home	Birth Date or Age	Relationship to Client	Cell
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What Type of Damage/Loss/Problems:

Special Circumstance

- Kid(s) under 13
- Elderly
- Low income
- Single parent
- disabled (_____)
- medical problems (_____)
- migrant/refugee (trouble w/ language? Yes No)
- other (_____)

Resources

Federal assistance received: Note: A signed Release of Confidential Information form is required in order to verify federal assistance.

Income

Employed? Yes No Where? _____
Spouse or Other (_____)Employed? Yes No Where? _____

Monthly Income from Work: \$ _____
Social Security: \$ _____
SSI: \$ _____

Disability: \$ _____
 Monthly Child Support: \$ _____
 Amount in Savings: \$ _____
 TOTAL Monthly Household Income: \$ _____

FEMA (Number _____)
 Applied but denied Appealing Applied __/__/__ and waiting to hear

Temporary Housing \$ _____
 Home Repair \$ _____
 Personal Property \$ _____
 Other (specify) _____ \$ _____
 Personal expenses utilized as a result of event \$ _____ Please provide documentation

SBA
 IFG (grant from SBA) \$ _____
 SBA loan \$ _____
 Other (specify) _____ \$ _____

Additional Assistance:
 Red Cross \$ _____
 Salvation Army \$ _____
 Other (specify) _____ \$ _____

Insurance
 Structural: Yes No Co. _____
 Contents: Yes No Co. _____
 Insurance Coverage _____ Repair Estimate _____

\$ _____ for _____ \$ _____
 \$ _____ for _____ \$ _____

Insurance notes:

Recovery
 Will funds (insurance, federal, state and/or family resources) meet disaster-cased needs? Yes No
 Has family established a plan for recovery? Yes No If yes, describe:

Monthly Expenses

Rent/Mortgage: \$ _____	Car Payment: \$ _____
Utilities: \$ _____	Medical: \$ _____
Credit Card: \$ _____	Food/Clothing: \$ _____
Child Support: \$ _____	Cable: \$ _____
Child Care: \$ _____	Other: \$ _____
Phone(s): \$ _____	Other: \$ _____

Case Manager's Assessment

Is further agency involvement needed? ___ Yes ___ No

APPLICANT STATEMENT: I agree and affirm that I am making voluntary application for assistance for disaster relief from the Disaster Recovery Services. I understand that the information contained in this application and the Release of Confidential Information form will be utilized by Disaster Relief Committee to assist me with my disaster-related needs. I understand that assistance is not guaranteed and that the case manager does not make the final determination of the availability of funds or other kinds of help. I certify that the above information is true and correct to the best of my knowledge. I realize that failure to provide all information requested could result in our application being rejected. I understand that any information received will be kept confidential and will be used strictly for determining my eligibility for assistance. My signature below signifies that I have read and/or understand this document and the service being provided me and information provided by me is accurate to the best of my abilities.

Signature of applicant	_____	Date _____
Person(s) Completing Form:	_____	Date: _____
Committee Member	_____	Date: _____
Committee Member	_____	Date: _____

Submit on line

Insert documentation file here (for IS)

If no internet - Submit hard copies to:

P.O. Box 111249
Memphis, TN 38112

**APPENDIX B – CONFIDENTIALITY RELEASE FORM
DISASTER RELIEF COMMITTEECOMMITTEE**

Date: _____

I, _____(name of party/parties), hereby authorize
_____(Agency name) to release to the Disaster Relief Committee any/all
information maintained by _____ (Agency Name) that the Unmet
Committee considers relevant and necessary for the purpose of attempting to provide assistance for my needs
and/or the needs of my family.

I, _____(name or party/parties releasing information), hereby
authorize the Disaster Relief Committee to release to any agency involved in the Disaster Relief Committee
any information that is considered relevant and necessary for the purpose of determining whether assistance
for my needs or the needs of my family can be provided. This release is conditional with the understanding
that the information will be released to agencies involved in the Disaster Relief Committee only and not to
be shared with other entities.

I further understand that the release of this information does not guarantee that assistance will be
provided, but that without the information my case cannot be presented to the committee for consideration.

Signature:

Signature (spouse):

Print name here

Print name here

Date: _____

Date: _____

APPENDIX C - Homeowner Liability Release Form

Date: _____

Name: _____

Address: _____

Phone(s): Home _____ Work _____ Cell _____

I, _____, am the owner and occupant of the above listed property. I give permission to volunteers from Disaster Relief Committee and associated agencies to work on my property for the purpose of repairing my property due to the recent disaster.

In consideration of the services to be rendered to me I, the undersigned, release and agree to hold harmless the municipal governments and the Disaster Relief Committee, and its members.

This release covers all rights and causes of action of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his heirs, representatives, and assignees.

Signature: _____ Date: _____
(Owner)

Signature: _____ Date: _____
(Co-owner)

APPENDIX D - Service Completion Form

Date: _____

Name: _____

Address: _____

Phone(s): Home _____ Work _____ Cell _____

I am the owner and occupant of the above listed property. I have received, from Disaster Relief Committee and /or associated agencies, needed aid that resulted from damage.

Signature: _____ Date: _____
(Owner)

CLIENT CERTIFICATION OF RECEIPT OF GOODS AND/OR SERVICES:

I (we) certify that the articles have been delivered to or services have been performed for us to our satisfaction.

Signature: _____ Date: _____

Exhibits: The following exhibits are examples and sample items only and should be amended by the committee responsibility for that particular focus area.

Organizational

EXHIBIT # 1 - Sample Agenda Organizational Meeting

- 8:00 AM Welcome Potential Chair
- 8:05 AM Brief Review of How DRS.
- 8:10 AM Brief Review of Organizational Material Group Discussion
- 8:20 AM Election of Officers
- 8:25 AM Items for Discussion and Action New Chair
 - 1. Acceptance of mailing address
 - 2. Selection of Disaster Relief Committeephone number
 - 3. Selection of Public Relations responsibilities person
 - 4. Authorization of bank account and persons to sign checks
 - 5. Division of responsibilities
 - 6. Acceptance of the voucher system
 - 7. Selection of Board and Disaster Relief CommitteeCommittee meeting places
- 9:05 AM Thanks to all for their interest and coming New Chair
- 9:10 AM Schedule next meeting of Board & Distribution Committee. . New Chair
- 9:15 AM Adjourn to Press Conference
- 9:30 AM Press Conference

EXHIBIT # 2

**Sample AGENDA
Board Meeting**

8:30 Meeting called to order Chairperson
Board

8:32 Invocation

8:34 Minutes of previous meeting. Secretary
(Approval of minutes required)

8:35 REPORTS FOR ACTION & DISCUSSION

Finance Treasurer
Fund Raising Chair, Fund Raising
Marketing Chair Marketing
Other Task Forces Chairs

8:50 RECAP ON FUNDS COMMITTED:

Commitments previously made to ___# of cases \$ _____
Any Adjustments to commitments (+ or -) \$ _____
TOTAL CURRENTLY COMMITED FUNDS \$ _____

8:55 DISASTER RELIEF COMMITTEE COMMITTEE REPORT & RECOMMENDATIONS

Case # ___ Brief Descript _____ need \$ _____
Case # ___ Brief Descript _____ need \$ _____
Case # ___ Brief Descript _____ need \$ _____
Case # ___ Brief Descript _____ need \$ _____
Case # ___ Brief Descript _____ need \$ _____
Case # ___ Brief Descript _____ need \$ _____
Case # ___ Brief Descript _____ need \$ _____
Case # ___ Brief Descript _____ need \$ _____

TOTAL RECOMMENDED FUNDS COMMITMENT \$ _____
(One motion to approve recommended commitments)

9:20 Comments from the floor/other business

9:25 Schedule next meeting of Board

9:30 **Adjourn**

EXHIBIT # 3

COMMUNITY AT LARGE

UNMET NEEDS COMMITTEE

FISCAL AGENT

MARKETING COMMITTEE

EXHIBIT # 4

Sample Finance Report

FINANCIAL RESOURCES FOR PROJECT:

DRS Opening Balance	\$6,506
Donations Through United Way of West TN	\$214,890
Donations Through West Tennessee Healthcare Foundation - Storm Aid	\$335,297
Area Ministerial Association	\$17,482
UW/Sears Certificates	\$10,000
Presbyterian Church	\$82,223
Donations Through City of Memphis	\$25,259
Grand Total Funds Available To Allocate to Cases	\$691,656

Total Funds Allocated by Board As of 5/18/04	\$474,126
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Adjustments for Closed Cases thru 5/18/04	\$10,882
--	-----------------

Balance of Resources to Allocate as of 5/18/04	\$228,412
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CASH RESOURCES FOR DISASTER RELIEF COMMITTEE

	RECEIPTS	DISBURSE	Running Balance	TOTAL CASH
Start Up Funding	\$491,095.52			
Receipts 9/17/03 thru 11/19/03	\$62,088.00		\$553,183.52	
Expenditures 9/17/03 thru 11/19/03		\$53,956.72	\$499,226.80	
				\$553,183.52
Receipts 11/20/03 thru 12/17/03	\$40,000.00		\$539,226.80	
Expenditures 11/20/03 thru 12/17/03		\$21,869.66	\$517,357.14	
				\$593,183.52
Receipts 12/18/03 thru 1/28/04	\$500.00		\$517,857.14	
Expenditures 12/18/03 thru 1/28/04		\$65,534.50	\$452,322.64	
				\$593,683.52
Receipts 1/29/04 thru 2/22/04	\$3,009.12		\$455,331.76	
Expenditures 1/29/04 thru 2/22/04		\$15,413.32	\$439,918.44	
				\$596,692.64
Receipts 2/23/04 thru 3/24/04	\$25,259.02		\$465,177.46	
Expenditures 2/23/04 thru 3/24/04		\$76,406.67	\$388,770.79	
				\$621,951.66
Receipts 3/25/04 thru 4/21/04	\$42,222.61		\$430,993.40	
Expenditures 3/25/04 thru 4/21/04		\$45,205.57	\$385,787.83	
				\$664,174.27
Receipts 4/21/04 thru 5/18/04	\$ -		\$385,787.83	
Expenditures 4/21/04 thru 5/18/04		\$68,176.54	\$317,611.29	
				\$664,174.27

*

* There is an additional \$27,481.94 in assets from JAMA and Sears's Certificates not cash.

EXHIBIT # 5 LEADERSHIP QUALIFICATIONS

1. The potential Chairperson of the Board should have experience working with many of the organizations that may become involved in this operation.
2. This person by virtue of experience should command the respect of many of the community not-for-profit organizations leadership.
3. This individual should be recognized through out both the non governmental agencies and governmental organizations for dedication to the community.
4. This person should not be currently actively involved with any of the organizations that will be asked to become active participants with this process.
5. This person should possess skills in group work processes and have demonstrated the ability to motivate individuals from diverse backgrounds and with diverse interests.
6. This person should have contacts in the business community, the philanthropic community, the political community and the community service sector of the community.
7. This person, if possible, should be jointly agreed upon by the political leaders and the service community leaders.
8. This person should have demonstrated good organizational skills.

EXHIBIT # 6
Presentation

Disaster Relief Committee

Presenting Agency:

Date:

Client Name:

Client Pre-disaster Address:

Resources:

FEMA:

Insurance:

Monthly Income:

Other (_____): \$ _____ Other (_____): \$ _____

Needs:

Need: _____ Estimate: _____

Need: _____ Estimate: _____

Need: _____ Estimate: _____

Need: _____ Estimate: _____

Additional Notes:

EXHIBIT # 7

Sample Voucher inserted here if needed.

EXHIBIT # 8 – Resource Allocation & Tracking Form (Excel Spreadsheet)

An 8.5 X 14 page printed landscape goes here.

EXHIBIT # 10

Case Management

**Referral Form from Disaster Relief
Committee**

Date: _____/_____/_____

Name: _____

Address: _____

Referred to: _____ for _____

----- cut here -----

EXHIBIT # 11

**Case Information
REPORT**

Closed Cases	315
Active Cases 1. 23 Rebuilds 2. 24 Major Repairs 3. 11 Minor Repairs 4. 19 Appliances/Furniture 5. 21 Storage/Garage/Fence Repairs 6. 18 Rent/Utility Assistance 7. 2 Miscellaneous	118
Inactive Cases	67

1. 12 Rental/Utility Assistance 2. 10 Furniture/Appliances 3. 11 Insufficient Information 4. 12 Insurance/Legal Issues 5. 22 Unable to Locate	
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EXHIBIT # 12

Construction Needs

Date: _____

Name: _____

Address: _____

Phone(s): Home _____

Work _____

Cell _____

Major Job

Substandard Living Space

has building permit

Medium Job

Essential Living Space

has electrical permit

Minor Job

Main Floor

Only needs material list or scope
(doing own work)

Basement

Roof

Brief Overview of Job: _____

Steps to Accomplish this Job:

Skill Level	Job Step	Time Estimate for Job
<input type="checkbox"/> Skilled <input type="checkbox"/> Unskilled		
<input type="checkbox"/> Skilled <input type="checkbox"/> Unskilled		
<input type="checkbox"/> Skilled <input type="checkbox"/> Unskilled		
<input type="checkbox"/> Skilled <input type="checkbox"/> Unskilled		
<input type="checkbox"/> Skilled <input type="checkbox"/> Unskilled		
<input type="checkbox"/> Skilled <input type="checkbox"/> Unskilled		

