

The Communications Workers of America
Disaster Relief Fund

“In a Members Time of Need”

CWA

Disaster Relief Fund

Canada Edition

CWA Disaster Relief Fund
501 3rd St. NW
Washington, DC 20001

Revised11/24

CWA Disaster Relief Fund

Member Handbook

Purpose:

The CWA Disaster Relief Fund is a compassion fund and its sole purpose is to assist members who experience financial hardship due to a natural disaster as declared by your appropriate government authority. The Fund will award the member with a grant based on their essential losses and damages associated with their primary home. This program is a benefit of being a CWA member.

Eligible Disasters

The fund is only applicable to disasters declared by the Federal Disaster Financial Assistance Arrangements (DFAA) through your appropriate government authority.

The application must include:

- Name of storm or event
- Date approved by your government agency

Deadline for Submitting Application

Members and their local have six (6) months from the date of the (DFAA) disaster approval to file the Disaster Relief Fund application with the District staff assigned to the Disaster Relief Fund.

If a member receives correspondence from the District staff that the application is incomplete, the member and their local have 30 days from receipt to resubmit to the District; otherwise the file will be closed. The CWA local is responsible for verifying and providing supporting documentation for the government approval that the locality has been affected by the natural disaster.

Applications must be received at CWA Headquarters no later than eight (8) months from the date of the FEMA declaration. Applications more than eight (8) months from governmental approval will not be processed.

Who is Eligible?

- A dues-paying CWA member in good standing at the time of the storm
- Retired CWA member actively paying full dues to a local at the time of the storm
- Retired CWA members who are dues paying CWA Retired Member Council (RMC) members
- There is a limit of one grant per member - per lifetime.

Aid Awarded

All determinations for aid are final and may not be appealed.

Application Process

The CWA Disaster Relief Fund is not designed to be an immediate source of financial relief.

Member

- Determine if the event is an approved natural disaster by DFAA
 - File a claim with your Insurance Company.
 - Upon receipt of notification from your insurance company, complete the CWA Canada Disaster Relief Fund application with all information requested including:
 - Copies of insurance claims and determination.
 - If essential repairs to home are needed, estimated/bids must be enclosed
 - Aid must be for primary home. Vacation, rental or other properties are **not** eligible
- *** Pictures are encouraged to support and expedite the claim process.

Local/CWA Retired Members Council (RMC)

- Verify the member is in good standing at the time of the disaster.
- Obtain documentation that the local government agency has submitted and had been approved for aid- This will satisfy the CWA DRF requirement for proof of the severity of the storm.
- Review application for completeness. Incomplete application should be returned to the member to resubmit. If needed, the Local may request a site visit to gain a better understanding of the member's situation.
- The Local President/RMC President must sign off on the application and forward to the District CWA Staff Representative assigned to the Disaster Relief Fund

District

- Review application for completeness, if not complete, return to the Local
- Sign and forward to CWA HQ Disaster Relief Fund Coordinator

What is Covered

Only essential items and damages to essential parts of your primary home are eligible for aid.

Examples of Items NOT Covered

- | | |
|--|---------------------|
| ● Recovery or Cleanup Items | ● Living Room |
| ● Batteries | ● Family Room |
| ● TV, DVD, VCR, Electronics, Computers | ● Dishwasher |
| ● Couch | ● Mortgage |
| ● Love Seat | ● Toys |
| ● Area Rugs | ● Bikes |
| ● Boat, RV | ● Generators |
| ● Hotel | ● Medication |
| ● Gas | ● Non-primary homes |

***Items on this list are subject to change without notice.**

New Application Submit Date		Local #	
Resubmit Date			

CWA Canada Disaster Relief Fund Request Application Revised 11/2024

Please Print

Name of Disaster: _____

Jurisdiction Member Resides: _____

Governmental Agency Approval Date: _____

Member Name: _____

Address: _____

Municipality, Province, and Postal Code:

E-Mail: _____

Telephone (Home): _____ Telephone (Work): _____

SIN (Last 4 for Membership Validation): _____

CWA Local # _____

1. Damaged Primary Residence:

a. Owned _____ Rented _____

b. Totaled: Yes _____ No _____ (if yes, Insurance documentation required)

c. Is this your primary residence? Yes _____ No _____

2. List Insurance Companies to which claims were made:

a. Name of Company _____

b. Policy Number _____

3. Was it necessary to obtain temporary residence elsewhere? No _____ Yes _____ If so, for how long? _____

The following section must be completed prior to submitting to the National Disaster Relief Fund Coordinator:

1. Member:

The member **must** attach copies of insurance claim results and dispositions.

Please note: It is very important you provide us with the requested information to maximize the processing of your application. PHOTOS ARE ALWAYS WELCOME.

I declare the above information is accurate and complete to the best of my knowledge.

Member Signature: _____

Member Name Printed: _____

Date: _____

2. Local President/RMC President:

I declare that this is a dues-paying member in good standing with my Local and I recommend this application.

Local President Signature: _____

Local President Name Printed: _____ Local: _____

Date: _____

Notes/Comments:

3. District Staff:

I have reviewed and verified the members' request above and recommend the member be considered for aid.

District Staff Signature: _____

District Staff Name Printed: _____

Date: _____

Notes/Comments:

4. CWA Headquarters Disaster Relief Fund Coordinator:

I have reviewed and verified the members' request above and recommend the following:

Aid Approved: \$	Date:	
HQ Disaster Relief Fund Coordinator Signature:		
HQ Disaster Relief Fund Coordinator Print Name:		

Notes/Comments:
