



GRANT INQUIRY FORM

Helping Those in Our Industry Most in Need

We provide financial assistance to help with medical care, prescriptions, medical equipment, home repairs, shelter, food, utilities, and other basic needs for families who have a catastrophic or life-altering medical event.

Name:

Address:

City:

State:

Zip:

E-Mail:

Phone:

Date of Birth:

To help determine if you might qualify for assistance from our organization please answer the following three questions:

#1 Have you or an immediate household family member worked in the floor covering industry for 5 or more years?

Note: Grant recipients must be currently employed in the flooring industry or not have left more than 5 years ago, unless there are retired or have a qualifying medical condition.

Yes No If yes, name of person:

Name of company:

or self-employed

Position:

Company Phone:

Number of years worked in the flooring industry:

#2 Do you have a life-altering medical condition? Yes No

If yes, please describe your illness, injury, or disability:

#3 Is your household in extreme financial need? Yes No

Please briefly describe your household income and other financial assets and your monthly expenses and medical bills. What assistance do you need to help you pay your bills or get medical treatment?

▷ APPLICANT SIGNATURE:

Date:

We will reply to all **Grant Inquiry Forms within 10 business days. If you have not heard from us, please call 706.217.1183 ext 105 or email info@fcif.org**. If we think you might be eligible for assistance, we will ask you to complete a full grant application. We encourage you to go ahead and review the documentation that will be required by visiting our website, fcif.org/grants-applications.

Return this form to: FCIF, 855 Abutment Road #2, Dalton, GA 30721 • Fax: 706.217.1165 • Email: info@fcif.org