



## Gilroy Garlic Festival Victims Relief Fund Victim Relief Fund Application

The Gilroy Garlic Festival Victims Relief Fund has been established to provide support for the victims and the Gilroy community affected by the incident at the Gilroy Garlic Festival on July 28, 2019.

A victim is defined as anyone in attendance, or family members of those in attendance, at the festival on Sunday, July 28, 2019.

Gilroy Garlic Festival Victims Relief Oversight Committee will determine eligibility and relief fund awards. All relief fund awards are left to the discretion of the Oversight Committee.

- All applications must be submitted by January 31, 2020
- Rolling application review by Committee: August 15, 2019 through February 15, 2020
- Victims may submit up to three applications for consideration within the noted time period
- All relief aid will be awarded by the Oversight Committee and is determined based on financial need and contingent on available funding

Victim Name: \_\_\_\_\_

If victim is a minor, name of legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*I certify that the information submitted is truthful and accurate to the best of my knowledge. I certify that my available cash assets do not exceed three times my monthly expenses and that my income does not exceed these thresholds,*

<i>Number of people in household = 1 person</i>	<i>\$72,500 per year</i>
<i>Number of people in household = 2 people</i>	<i>\$83,150 per year</i>
<i>Number of people in household = 3 people</i>	<i>\$93,550 per year</i>
<i>Number of people in household = 4 people</i>	<i>\$103,900 per year</i>
<i>Number of people in household = 5 people</i>	<i>\$112,250 per year</i>
<i>Number of people in household = 6 people</i>	<i>\$120,550 per year</i>
<i>Number of people in household = 7 people</i>	<i>\$128,850 per year</i>
<i>Number of people in household = 8 people</i>	<i>\$137,150 per year</i>

*My income is \$\_\_\_\_\_ per year*

There are \_\_\_\_\_ number of people in my household

Please list names:

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*I further certify that I have not received payment from the Santa Clara County Victims Services Unit, California Victims Compensation Board, FBI Victims Services Program, insurance provider or other entity for the expenses for which I request support. I agree to expend any money from the Gilroy Garlic Festival Victims Relief Fund for the defined purpose identified in the award letter and agree to refund any money to the Gilroy Garlic Festival Victims Relief Fund at Silicon Valley Community Foundation that is not spent as defined in the award letter.*

\_\_\_\_\_  
Signature (Guardian, if applicant is a minor)

\_\_\_\_\_  
Date

Contact Gilroy Foundation with any questions: 408-842-3727 or [director@gilroyfoundation.org](mailto:director@gilroyfoundation.org).  
Submit completed applications via email, mail (P.O. Box 774, Gilroy 95021) or in person (60 4<sup>th</sup> Street #208, Gilroy, by appointment).

**Please check all categories of assistance you are applying for. Please include the required proof (for each category) with your application. Only completed applications will be considered for relief aid. Your application will not be considered complete until proof is provided.**

Please explain how the incident at the Gilroy Garlic Festival on July 28, 2019 has affected you in relation to the relief aid for which you are applying:

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<b><u>Check Box for all that apply</u></b>	<b><u>Aid Category</u></b>	<b><u>Amount</u></b>	<b><u>Definition</u></b>	<b><u>Required Proof</u></b>
<input type="checkbox"/>	Displacement or Hardship	\$2,000 per submission	Hardship that is a result of the Gilroy Garlic Festival incident on July 28, 2019, some examples: <ul style="list-style-type: none"> <li>• A parent experienced income loss caring for a victim</li> <li>• Inability to generate income due to the Gilroy Garlic Festival incident</li> </ul>	Complete application