

**FAMILY READINESS GROUP APPLICATION FORMS AND PROCEDURES  
AS OF JUNE 29, 2009**

**FOR**

**GUARD SUPPORT OF MASSACHUSETTS, INC.**

Applications should be verified by the State Family Program Office or the Family Assistance Center Coordinator (attached is a list of the SFPO location and telephone/fax number as well as the State FAC locations and telephone/fax numbers) and emailed to Guard Support at [application@guardsupport.org](mailto:application@guardsupport.org) with a copy to [maureen.serrecchia@us.army.mil](mailto:maureen.serrecchia@us.army.mil).

Our Organization provides financial support to Family Readiness Groups of the Massachusetts National Guard that face needs not currently provided for by other organizations.

Grants to a single Family Readiness Group generally will not exceed \$1,000 per year if the unit is deployed – absent extraordinary circumstances.

Grants to a single Family Readiness Group generally will not exceed \$500 per year if the unit is not deployed – absent extraordinary circumstances.

Grants do not have to be repaid.

**THE EMERGENCY RELIEF COMMITTEE REVIEWS APPLICANT INFORMATION  
AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.**

**INSTRUCTIONS:**

- Applicant must complete the application form in its entirety.
- Validation Certification must be completed and signed.

**CALL THE FAMILY PROGRAM OFFICE  
IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION.**

**GUARD SUPPORT OF MASSACHUSETTS, INC. BOARD REVIEWS APPLICANT'S  
INFORMATION AND RESERVES THE RIGHT TO VERIFY ANY INFORMATION PROVIDED.**

**GUARD SUPPORT OF MASSACHUSETTS, INC.  
FAMILY READINESS GROUP APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE**

1. UNIT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_
2. UNIT STATUS: \_\_\_\_ CURRENTLY DEPLOYED \_\_\_\_ NOT CURRENTLY DEPLOYED (CHECK ONE)
3. IF DEPLOYED, WAS THE ENTIRE UNIT DEPLOYED? \_\_\_\_ YES \_\_\_\_ NO (CHECK ONE)
4. IF ENTIRE UNIT WAS NOT DEPLOYED, WHAT NUMBER OF UNIT MEMBERS WERE DEPLOYED? \_\_\_\_\_
5. TOTAL NUMBER OF GUARD MEMBERS IN UNIT: \_\_\_\_\_
6. UNIT STREET ADDRESS: \_\_\_\_\_  
CITY, STATE AND ZIP: \_\_\_\_\_
7. YOUR FULL NAME: \_\_\_\_\_  
*PLEASE PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME*
8. ROLE WITHIN UNIT FRG: \_\_\_\_\_
9. YOUR HOME STREET ADDRESS: \_\_\_\_\_
10. CITY, STATE AND ZIP: \_\_\_\_\_
11. CONTACT #: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_
12. PERSONAL EMAIL ADDRESS: \_\_\_\_\_
13. WORK EMAIL ADDRESS: \_\_\_\_\_
14. LIST TWO OTHER INDIVIDUALS WITH SIGNIFICANT ROLES IN THE FRG WHO THE COMMITTEE COULD CONTACT, IF NECESSARY:
  1. FULL NAME: \_\_\_\_\_  
*PLEASE PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME*  
ROLE WITHIN UNIT FRG: \_\_\_\_\_  
HOME STREET ADDRESS: \_\_\_\_\_  
CITY, STATE AND ZIP: \_\_\_\_\_  
CONTACT #: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_  
PERSONAL EMAIL ADDRESS: \_\_\_\_\_  
WORK EMAIL ADDRESS: \_\_\_\_\_

2. FULL NAME: \_\_\_\_\_  
*PLEASE PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME*

ROLE WITHIN UNIT FRG: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP: \_\_\_\_\_

CONTACT #: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

PERSONAL EMAIL ADDRESS: \_\_\_\_\_

WORK EMAIL ADDRESS: \_\_\_\_\_

15. WHAT IS THE NATURE OF YOUR NEED - PLEASE EXPLAIN:

16. ARE THERE OTHER RESOURCES AVAILABLE TO MEET THIS NEED – PLEASE EXPLAIN:

17. I REQUEST A GRANT IN THE AMOUNT OF \$ \_\_\_\_\_.

18. ARE YOU WILLING TO PROVIDE RECEIPTS FOR FRG EXPENSES TO GUARD SUPPORT VERIFYING WHERE GRANT MONIES WERE USED? \_\_\_\_ YES \_\_\_\_ NO

**GUARD SUPPORT RESERVES THE RIGHT TO REQUEST COPIES OF RECEIPTS FOR FRG ITEMS PURCHASED, AND EXPENSES INCURRED UNDER THIS FRG GRANT.**

19. GRANT PROCEEDS WILL BE USED SPECIFICALLY FOR THE FOLLOWING ANTICIPATED EXPENSES. LIST PLANNED USE OF GRANT. PROVIDE ESTIMATES FOR HOW MUCH OF THE GRANT WILL BE USED FOR EACH EXPENSE:

EXAMPLE:

<i><b>EXPENSE/PAYEE:</b></i>	<i><b>AMOUNT:</b></i>
POSTAGE	\$100.00
REFRESHMENTS	\$100.00
SUPPLIES	\$50.00
T-SHIRTS	\$250.00

EXPENSE TOTAL MUST ADD UP TO THE TOTAL GRANT AMOUNT REQUESTED: \$500.00

**PLEASE COMPLETE THE FOLLOWING TABLE SHOWING ALLOCATION OF ANTICIPATED FRG EXPENSES BY EXPENSE CATEGORY:**

<b>EXPENSE/PAYEE:</b>	<b>AMOUNT:</b>

EXPENSE TOTAL MUST ADD UP TO THE TOTAL GRANT AMOUNT REQUESTED:\$ \_\_\_\_\_

12. ADDITIONAL INFORMATION OR REMARKS:

<b><u>FAMILY PROGRAM OFFICE / FAMILY ASSISTANCE CENTER VALIDATION CERTIFICATION</u></b>	
<b>I, the undersigned, have examined this application and certify the claim to be valid. I also verify that we have pursued all other resources reasonably available for assistance.</b>	
<b>PRINTED NAME:</b> _____	
<b>TITLE:</b> _____	<b>DATE:</b> _____
<b>VERIFICATION SIGNATURE:</b> _____	
<b>CONTACT INFORMATION:</b>	
<b>WORK #:</b> _____	<b>CELL #:</b> _____
<b>OTHER #:</b> _____	
<b>EMAIL ADDRESS:</b> _____	

**Guard Support does not commit to maintain confidentiality of individual details regarding the application and assistance given or denied, except as detailed in the release authorization below. Guard Support will keep statistics regarding aid given, as well as general information regarding the types of aid given, and may release such statistics and general information without the need to solicit additional consent. The Guard Support may contact you to solicit permission to release additional specific details for the purposes of raising additional funds and awareness, but does not commit to do so.**

**INFORMATION VERIFICATION AND RELEASE AUTHORIZATION:**

**1. I authorize verification/release of the information I am providing on this application. This authorization applies to organizations inside or outside of the Massachusetts National Guard for the purposes of evaluating this application and/or for disclosure to raise additional funds and/or awareness of Guard Support's activities.**

**Please initial:** \_\_\_\_\_

**2. The information I have provided on this Application Form is true and correct to the best of my knowledge.**

**Please initial:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_



## *National Guard Family Program*

### FAMILY PROGRAM NETWORK

#### **Massachusetts National Guard State Family Program Office:**

14 Minuteman Lane 888-301-3103 x7222  
Wellesley, MA 02481

#### **Army National Guard Family Assistance Centers:**

<b>Taunton:</b>	Family Assistance Center 111 Gen Owens Blvd., Taunton, MA 02780	508-823-0891
<b>Springfield:</b>	Family Assistance Center 1505 Roosevelt Avenue Springfield, MA 01109	888-301-3103 ext 7950
<b>Worcester:</b>	Family Assistance Center 50 Skyline Dr. Worcester, MA 01605	508-753-3164
<b>Reading:</b>	Family Assistance Center 25 Haverhill Street Reading, MA 01867	888-301-3103 ext 7444
<b>Wellesley:</b>	Family Assistance Center 14 Minuteman Lane Wellesley, MA 02481	888-301-3103 ext 7221
<b>Milford:</b>	Family Assistance Center 50 Maple Street Milford, MA 01757	888-301-3103 ext 7358

#### **Air National Guard Wing Coordinators:**

<b>102<sup>nd</sup> Intelligence Wing Otis Air NG Base</b>	Family Program Center 158 Reilly St., Box 70 Otis ANG Base, MA 02542	508-968-4855
<b>104<sup>th</sup> Fighter Wing Barnes Air NG Base</b>	Family Program Center 175 Falcon Drive Westfield, MA 01085	413-568-9151 ext 1183