

# ASHLAND COMMUNITY FOUNDATION FIRE RELIEF FUNDS APPLICATION

All Clark County Producers Are Eligible

## AGRICULTURAL PRODUCER & LANDOWNER APPLICATION

**THIS FORM MUST BE COMPLETED BY THE INDIVIDUAL FINANCIALLY RESPONSIBLE FOR THE LOSSES INCURRED BY THE FIRE.**

Name: \_\_\_\_\_  Landowner  Tenant  
Ranch Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### STRUCTURES

Did you lose any permanent structures in the fire (buildings, corrals, etc.)?  Yes  No  
Please list and describe the loss: \_\_\_\_\_  
Estimated value of losses: \$ \_\_\_\_\_  
Have you received or will you receive any insurance settlement for this loss?  Yes  No  
What is the estimated insurance settlement for this loss? \$ \_\_\_\_\_  
Have you received or will you receive any government assistance or cost share for this loss?  Yes  No  
What is the estimated government assistance or cost share for this loss? \$ \_\_\_\_\_

### CATTLE

Number of cattle lost due to fire: Cows/Heifers: \_\_\_\_\_ Calves: \_\_\_\_\_ Bulls: \_\_\_\_\_ Other: \_\_\_\_\_  
Estimated value of losses: \$ \_\_\_\_\_  
Have you received or will you receive any insurance settlement for this loss?  Yes  No  
What is the estimated insurance settlement for this loss? \$ \_\_\_\_\_  
Have you received or will you receive any government assistance for this loss?  Yes  No  
What is the estimated government assistance or cost share for this loss? \$ \_\_\_\_\_  
Did you have additional veterinary costs because of the fire?  Yes  No  
How much? \_\_\_\_\_

### HAY

Did you lose hay supplies in the fire?  Yes  No How many total bales? \_\_\_\_\_  
What type of hay was lost (alfalfa, feed, grass, straw, etc.) \_\_\_\_\_  
Number of bales of each type lost: \_\_\_\_\_  
Estimated value of losses: \$ \_\_\_\_\_  
Have you received hay from donated hay supplies?  Yes  No How many bales? \_\_\_\_\_  
Have you received or will you receive any insurance settlement for this loss?  Yes  No  
What is the estimated insurance settlement for this loss? \$ \_\_\_\_\_

### FENCING

How much fence must be **REPAIRED** due to the fire? \_\_\_\_\_ miles Estimated cost of repair: \_\_\_\_\_  
How much fence must be **REPLACED** due to the fire? \_\_\_\_\_ miles Estimated cost of repair: \_\_\_\_\_  
Have you received or will you receive any insurance settlement for this loss?  Yes  No  
What is the estimated insurance settlement for this loss? \$ \_\_\_\_\_  
Have you received or will you receive any government assistance for this loss?  Yes  No  
What is the estimated government assistance or cost share for this loss? \$ \_\_\_\_\_  
Have you received fencing materials from donated resources?  Yes  No How much? \_\_\_\_\_

**TOTAL LOSS FOR STRUCTURES, CATTLE, HAY & FENCING: \$ \_\_\_\_\_**

**TOTAL INSURANCE SETTLEMENT: \$ \_\_\_\_\_**

**TOTAL GOVERNMENT ASSISTANCE OR COST SHARE: \$ \_\_\_\_\_**

*Applications must be submitted in full by June 1, 2017*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Please attach documentation for your claim. Documentation could include copies of USDA-FSA Form 578, USDA-FSA program applications, receipts for veterinary care, invoices/estimates for fence repair, etc.*

Please return completed application to: Ashland Community Foundation  
P.O. Box 276 • Ashland, KS 67831 • (620) 635-6700