



APPLICATION FOR FINANCIAL ASSISTANCE FROM
LOCAL 56 MUSICIANS' RELIEF FUND
ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

To Receive Assistance:

1. You must have applied for the AFM's Musicians' Relief Fund. (Note: We are waiving this requirement for now because the AFM national fund is temporarily suspended.)
2. You must currently be a member in good standing of the Grand Rapids Federation of Musicians.
3. You must be primarily engaged as a freelance musician.
4. You must not be receiving post-COVID lockdown payments of any sort from a musical employer, which payments flow from an agreement between the employer and the AFM or one of its Locals.
5. You must reside and work in the United States or Canada.
6. You have lost work due to the COVID-19 Novel Coronavirus.

APPLICANT INFORMATION

First Name:	Middle Initial:	Last Name:
SSN/SIN (last 4 digits):	Your Local Union #:	
Cell:	Other Phone:	
E-mail:		

PERMANENT ADDRESS

Address:		
City:	State/Prov:	Zip/Postal Code:

LOCAL UNION CONTACT INFO

Street Address:		
City:	State/Prov:	Zip/Postal Code:

RELIEF SUPPORT DETAIL (COMPLETE ALL THAT APPLIES) – ADD ADDITIONAL PAGES IF NEEDED
– Lost work due to COVID-19 –

Hiring Entity/Purchaser/Employer

Name:			
Address:			
City:	State/Prov:	Zip/Postal Code:	
Telephone:			

Date(s) of lost work _____

Position (e.g. leader, solo, side, instrument, vocal, tech/sound, etc.) _____

Amount of compensation lost and not recoupable for this engagement cancelled due to the COVID-19 pandemic \$ _____

Additional detail:

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ADDITIONAL COMMENTS OR INFORMATION NOT COVERED ON PREVIOUS PAGE

Please include any supporting documentation in your possession that you believe would be helpful to your application. The GRFM has sole discretion in the awarding of assistance.

Applications are considered on a first-come, first-served basis, and must be received by November 15, 2020. Payment amount is subject to availability of funds. Initial payments will not exceed \$300, but may be revised upward if additional funding permits.

I hereby certify that the information provided in this application is true, correct, and complete. By submitting this application I confirm that the described lost work and compensation cannot be recouped (e.g., via insurance, contractually, with litigation).

Name (Please print): _____

Signature: _____

Date: _____

Please submit this application to:
Grand Rapids Federation of Musicians
918 Benjamin Ave NE
Grand Rapids, MI 49503

or you may print this application and scan it into a PDF or JPEG file

Email your application to the GR Fed of Musicians at:

grfm@live.musicgr.org