

The Gene Chambers Musicians Crisis Fund Guidelines

Administered by the Sacramento Blues Society

GCEMF Basics:

Mission: To assist qualifying SBS musicians who are in financial hardship due to catastrophic events affecting their health and well being.

Range of Assistance: \$100.00 to \$500.00 (Requests for less than or greater than the suggested range will also be reviewed.) The committee will review applications to be considered on a case by case assessment. **This is a one time application.**

Types of Assistance: Accident, Illness, Medications, Family Emergency, and other emergency needs. Assistance is limited to a specific and verifiable need.

Applicant Eligibility: Must be an active, professional musician with the Sacramento Blues Society for a minimum of six months.

Timetable for Assistance: approximately 2 to 3 weeks

- Application will be handled for Accident, Illness, Medications, Family Emergency, and other emergency needs. Assistance is limited to a specific and verifiable need in keeping with the urgency of your situation.
- Applicants (approved or denied) will be notified immediately by the GCEMF Chairperson regarding the SBS Board's decision.
- Checks will be issued in person or by mail within two days of approval. A Social Security Number will be required for the issued check by the Treasurer.

Confidentiality: All applications and personal information submitted to the GCEMF will be held in confidence by the committee and the SBS Board Members, and will not be made public or shared with any outside organization or group without the applicant's permission.

Application for the Gene Chambers Musicians Crisis Fund (GCMEF)

For Members of the Sacramento Blues Society (SBS)

To assist qualifying SBS musicians who are in financial hardship due to catastrophic events affecting their health and well being.

Name:	Today's Date:
Address:	Date of Birth Age:
City:	Phone #:
Zip Code:	
Social Security No.:	Email

Have you been a member of SBS for 6 months or longer? Yes No
 Do you have medical insurance? Yes No If yes, who is your provider?

What is your income for the past 90 days? _____
 Why are you applying for the GCMEF? _____ Accident _____ Illness _____ Rx Meds _____ Family
 Emergency _____ Other
 Please explain:

(Continue on back of page)

Amount Requested: _____
 Applicant's signature _____ Date _____

Please send your completed application to:
 Sacramento Blues Society
 PO Box 60580
 Sacramento, Ca 95860

Below is for GCMEF Committee use ONLY

Date received: _____ Date Reviewed _____

Notes/Comments:

Recommended/Declines: _____ Chairperson:

Date submitted to SBS Board: _____

Reason for denial of funds:

Check issued: _____ Date: _____ SBS Treasurer: