The HIEF board will begin accepting applications for grants in July of 2019.

Serving New Mexico Fund offers financial assistance to restaurant and hospitality workers facing an unanticipated hardship. The incident must have occurred within the past 6 months.

Expenses covered:  Expenses NOT Covered:

Medical / Dental (unforeseen injury)  Insurance
Funeral Immediate family  Loan Payments
Auto repairs  Cable/ internet services
Rent/mortgage  Credit card bills
Utilities- Power, gas, water  phone bills
Vet bills
Daycare

Completed applications (which include the application and ALL supporting documentation listed below) that are submitted by the 15th of each month will be reviewed and determined by the 25th of that same month.

All applications require:

<table>
<thead>
<tr>
<th>Statement of need:</th>
<th>can be completed by applicant or by someone of their behalf, can be handwritten or in email or sent with application.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Must include:</strong></td>
<td></td>
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<tr>
<td>• What is your unanticipated hardship?</td>
<td></td>
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<tr>
<td>• How much work have you missed so far and how much work do you expect to miss in the future (please use specific dates)?</td>
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<tr>
<td>• When did it happen (please use specific dates)?</td>
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<tr>
<td>• How has this hardship affected you financially?</td>
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<tr>
<td>Completed Personal Info worksheet</td>
<td></td>
</tr>
<tr>
<td>Completed Restaurant Employment History</td>
<td></td>
</tr>
</tbody>
</table>

Submitted copies of all that apply:

Copy of recent paycheck or paystub—if there has been missed work, we prefer to see one from before the crisis AND a current one.

Documentation of incident – please refer to the following chart of qualifying events

<table>
<thead>
<tr>
<th>Qualifying Event:</th>
<th>Documentation Needed:</th>
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</thead>
<tbody>
<tr>
<td>Medical / Dental bills</td>
<td>Bill or EOB</td>
</tr>
<tr>
<td>Funeral Immediate family</td>
<td>Invoice / Bill</td>
</tr>
<tr>
<td>Auto</td>
<td>Invoice / Bill</td>
</tr>
<tr>
<td>Rent/mortgage</td>
<td>Complete Mortgage and Utility Questionnaire Statement with name on it</td>
</tr>
<tr>
<td>Utilities</td>
<td>Complete Mortgage and Utility Questionnaire Statement</td>
</tr>
<tr>
<td>Vet bill</td>
<td>Invoice / Bill</td>
</tr>
<tr>
<td>Daycare</td>
<td>Bill</td>
</tr>
</tbody>
</table>
Personal Info for Applicant

Full Name of Applicant: ____________________________________________________________

Last 4 SSN # ______________________________________________________________________

Mailing Address: ___________________________________________________________________

City: ___________________________ State: ______________________ Zip: ________________

Phone: ___________________________ Alt. Phone: __________________________

Email: ____________________________________________________________________________

Date of Birth: __________________________

Qualifying Event (circle all that apply):

Medical / Dental (Unforeseen Injury)
Funeral Immediate Family
Auto Repairs
Rent/Mortgage
Utilities- Power, Gas, Water
Vet Bills
Daycare

Gender: Female • Male • Non-Binary • Prefer Not To Answer

Race: American Indian/Native American • Asian • Black/African American • Hispanic/Latino •
White/Caucasian • Pacific Islander • Other • Prefer Not To Answer

How did you hear about Serving New Mexico Fund (check all that apply):

Employer • Friend
Facebook/Twitter/Instagram • News/Media
Trade Show • Church/Religious group
Other non-profit • Other

Please list name of person or organization that referred you: _____________________________

Signature: ___________________________ Date: __________________

By submitting this application and signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information and other information that it may collect in determining my qualifications for receiving a grant, including disclosing such information to others as necessary outside of the New Mexico Serving fund. I understand that funding from the New Mexico Serving fund is not guaranteed. I certify that if a grant is received it will only be used for my expenses incurred in connection with the situation described in the this application. I authorize the New Mexico Serving fund to disclose my name and grant amount, if a grant is issued, in furtherance of its purposes and legal requirements.

When your application is complete, please return with ALL supporting documents to:

1. EMAIL - certification@nmrestaurants.org – subject must read: Serving NM Fund Application
2. MAIL - 9201 Montgomery Blvd NE Suite 602, Albuquerque, NM 87111
4. CALL - If need help with application please call 505-343-9848
### Restaurant Employment History

Please provide for the past 2 years, starting with the most recent/current:

**Restaurant Name (current or most recent):** ________________________________

Name of Direct Manager: ______________________ Direct Phone for Manager: ____________

Street Address of Restaurant: ______________________ Phone Number: ____________________

**Tell us about your restaurant (circle one):**

- Quick Service Restaurant
- Fast Casual
- Business Casual
- Fine Dining
- Other: coffee shop/cafeteria/deli counter

**Tell us about your position:**

- Are you: FOH or BOH?

**Other:**

- Start Date: ____________________
- End Date: ____________________

**Average # hours per week:** ____________________

- Hourly/Salary/Tips/Combo
- (please provide detail for a combo)
- Have you used any vacation or PTO for time off?

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**Restaurant Name (2nd job or previous workplace):** ________________________________

Name of Direct Manager: ______________________ Direct Phone for Manager: ____________

Street Address of Restaurant: ______________________ Phone Number: ____________________

**Tell us about your restaurant (circle one):**

- Quick Service Restaurant
- Fast Casual
- Business Casual
- Fine Dining
- Other: coffee shop/cafeteria/deli counter

**Tell us about your position:**

- Are you: FOH or BOH?

**Other:**

- Start Date: ____________________
- End Date: ____________________

**Average # hours per week:** ____________________

- Hourly/Salary/Tips/Combo
- (please provide detail for a combo)
- Have you used any vacation or PTO for time off?
Statement of Need

This is your opportunity to tell your story to our review committee. Please give as much information as possible about what happened and why you are applying for a grant with the Serving NM Fund.

Your statement must include:

1. What is your unanticipated hardship?
2. When did it happen? Use specific dates.
3. How much work have you missed so far? Use specific dates.
4. How much work do you expect to miss in the future?
5. How has this hardship affected you financially?
6. Do you foresee having future financial consequences as a result of this hardship?
Rent/Mortgage and Utilities

RENT/ MORTGAGE

Do you Rent or own your home? __________

Is your name listed on your lease/ mortgage statement?  Yes  No

Who is your rent/mortgage check made payable to? ________________________________

What is the total monthly cost of your home? ________________________________

What portion of the total monthly cost is YOUR responsibility? ________________________________

UTILITIES

Do you have a power bill?  Yes  No

Who is your power company? ________________________________

What is the account number for your power bill? ________________________________

Is your name listed on the power bill? ________________________________

What percentage do you pay? ________________________________

Do you have a water bill? __________

Who is your water company? ________________________________

What is the account number for your water bill? ________________________________

Is your name listed on the water bill? ________________________________

What percentage do you pay? ________________________________

Do you have a gas bill? Yes  No

Who is your gas company? ________________________________

What is the account number for your gas bill? ________________________________

Is your name listed on the gas bill? ________________________________

What percentage do you pay? ________________________________