

# INTERNATIONAL BROTHERHOOD OF TEAMSTERS

**JAMES P. HOFFA**  
General President

25 Louisiana Avenue, NW  
Washington, DC 20001



**KEN HALL**  
General Secretary-Treasurer

202.624.6800  
www.teamster.org

## MEMORANDUM

### VIA FACSIMILE

**To:** Local Unions 509, 1108, 1150, 1224 and 2727  
Joint Council 9  
BLET  
BMWED  
GCC

**From:** Antonio Christian, Secretary  
Teamsters Disaster Relief Fund

**Re:** Disaster Relief

**Date:** October 9, 2015

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The Teamsters Disaster Relief Fund recently received a "Disaster Alert Notice" for the state of South Carolina regarding the recent severe storms and flooding that caused major damage October 1, 2015, and continuing in the following counties:

**Berkeley, Calhoun, Charleston, Clarendon, Darlington, Dorchester,  
Florence, Georgetown, Horry, Kershaw, Lee, Lexington,  
Orangeburg, Richland, Sumter and Williamsburg**

On behalf of General President Hoffa, we would like to request your assistance to aid Teamster members in your area that have suffered a loss. We recognize the devastation in your area and, although our funds are limited, we would like to help as many people as possible. Enclosed is the "Notice to Post" and "Request for Help" form. Please inform us if any of your members have been impacted by the disaster. The completed "Request for Help" form (including all requested documentation) must be returned by Friday, November 20, 2015.

The IBT realizes the difficult task of rebuilding lives and the need to do an outreach to agencies that can assist. In that regard, please advise our office at (202) 624-8971 of any needs you may have, and we will do our best to accommodate them.



**To: Local Unions 509, 1108, 1150, 1224, 2727  
 Joint Council 9  
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**From: Antonio Christian, Secretary  
 Teamsters Disaster Relief Fund**

**Date: October 9, 2015**

**PLEASE POST  
 DISASTER ALERT NOTICE  
 FEMA - #- DR - 4241**

***South Carolina Severe Storms and Flooding***

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of South Carolina opening the way for the use of federal disaster funds for people affected by the South Carolina Severe Storms and Flooding that occurred on October 1, 2015, and continuing. Assistance is available to individuals and households in the following counties who may have experienced a loss due to this disaster:

- Berkeley, Calhoun, Charleston, Clarendon, Darlington, Dorchester,  
 Florence, Georgetown, Horry, Kershaw, Lee, Lexington,  
 Orangeburg, Richland, Sumter and Williamsburg**

*Teamster members, please contact your Local Union office if you have suffered losses due to the severe storms, and flooding; fill out a "Request for Help" form (include all requested documentation) if you would like to request a grant from the Teamsters Disaster Relief Fund.*

**DISASTER RELIEF FORMS MUST BE RETURNED TO THE  
 TEAMSTERS DISASTER RELIEF FUND BY NOVEMBER 20, 2015**

**REQUEST FOR HELP**  
**TEAMSTER DISASTER RELIEF FUND**  
**Reference Number-DR-4241**

**\*\*Requested Documentation: Copies of Insurance Policies, Damage Claim Forms, Repair or Reconstruction Estimates, Correspondence from Governmental or other Private Aid Agencies, FEMA Notification Letter and Pictures.**

**\*\*Important Information:**

**Please be advised that this form must be completed in full and all documents must be attached for consideration. Please note that only claims over \$500.00 will be considered and any grants given will be at the sole discretion of the Board of Directors of the Disaster Relief Fund. Must have FEMA notification letter attached.**

**Please print all information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone \_\_\_\_\_  
(where you can be reached)  
S.S.N. \_\_\_\_\_  
Parish or County: \_\_\_\_\_

Local Union \_\_\_\_\_ IBT \_\_\_\_\_ BMWED \_\_\_\_\_ GCC \_\_\_\_\_ BLET \_\_\_\_\_ Principal Officer signature: \_\_\_\_\_  
(if applicable)

**Check one:**  Married  Single  Widow/Widower  Legally Separated or Divorced

**No. of Dependents & Age (excluding yourself):** \_\_\_\_\_

**Employment Status:**  Working  Unemployed due to disaster  Unemployed (pre-disaster)  Retired

**Employer:** \_\_\_\_\_

If working, what is your current rate of pay: \$ \_\_\_\_\_

**Other Current Sources of Household Income (please check all that apply):**

Spouse earnings \_\_\_\_\_ Alimony/Child Support \_\_\_\_\_ Pension \_\_\_\_\_ Savings/Investment \_\_\_\_\_ Government Benefits \_\_\_\_\_

Estimated current weekly household income from all sources: \$ \_\_\_\_\_

Estimated current weekly household expenses (food, housing, transportation, clothing): \$ \_\_\_\_\_



**Extent of Damage:**

\_\_\_ Total loss of primary residence    \_\_\_ Major loss of primary resident    \_\_\_ Minor loss of primary residence

**Described briefly:**

\_\_\_\_\_

**Estimated Losses:**    *PRIMARY RESIDENCE* \$ \_\_\_\_\_ Dollar Amount     OWN     RENT

**ITEMIZE BRIEFLY: (DWELLING STRUCTURE, FOUNDATION, ROOF, SIDING, SHEDS, ETC.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any of these losses covered by insurance?    \_\_\_ NO    \_\_\_ YES

if yes, what is the policy deductible \$ \_\_\_\_\_ what is the policy limit \$ \_\_\_\_\_

Have you applied to: Red Cross: \_\_\_ Yes    \_\_\_ No    F. E. M. A.: \_\_\_ Yes    \_\_\_ No

Are you receiving federal, state, or other disaster relief?    \_\_\_ Yes    \_\_\_ No

If so, what type: \_\_\_\_\_ Total already received \$ \_\_\_\_\_

For each type of loss described above, please estimate the amount that you do not expect to be covered by insurance or other sources of disaster relief (include any insurance deductibles not covered by any other sources of relief):

\_\_\_\_\_

\_\_\_\_\_

Previous aid received from Teamster Disaster Relief Fund: Total \$ \_\_\_\_\_

I certify the above statements to be true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**DUE BY NOVEMBER 20, 2015**

**Send To: Teamster Disaster Relief Fund, 25 Louisiana Ave., N. W., Washington, D.C. 20001**

**Committee Use Only**

Reviewed by: \_\_\_\_\_

Recommended by: \_\_\_\_\_

Amount: \_\_\_\_\_

Check Received by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_