



IRC and Chase Disaster Relief Fund – Program Guideline

The application process requires three steps you will:

- *create your account*
- *complete a 12 question eligibility screening*
- *if eligible, you'll receive a link to complete the grant application.*

*Your answers from both the eligibility screening will automatically populate fields in the application and you'll have an opportunity to confirm your responses. All questions marked with a * are required. To apply [follow this link](#).*

*The deadline to submit **all** application materials is October 3, 2025. Review of your eligibility screening may take up to 3 days, please allow enough time to complete both your screening and the full grant application.*

CREATE AN ACCOUNT

To create an account you'll need to provide information about the business, the owner, and the person completing the application if that is not the owner. Specifically:

- *Legal Business Name*
- *DBA*
- *EIN/Tax ID*
- *Telephone Number*
- *Complete Business Address*
- *Website*
- *Full Name of Applicant*
- *Full Name of Owner*
- *Email of Applicant and Owner*
- *Telephone Number of Applicant and Owner*

ELIGIBILITY SCREENING

1. Is your business independently owned and operated, with no more than 20 locations nationwide?*

Independent restaurants and bars are formally defined as privately owned businesses that have no more than 20 establishments and whose primary source of revenue comes from the sales of food and beverage.

- Yes
- No

2. Is your business a franchise, subsidiary, licensee, or affiliate of a national or regional chain?*

- Yes
- No

3. Is your business owned by a publicly traded company or investment firm?*

- Yes
- No

4. Does your business primarily provide on-site food and/or beverage service to the public?*

- Yes
- No

5. How is your business structured?*

- Sole Proprietor
- Partnership
- LLC
- S-Corporation
- C-Corporation
- Non Profit Corporation

6. Has your business been directly impacted by a natural disaster within the past 12 months?*

Examples of direct impact may include: Structural damage to buildings, equipment or inventory. Mandatory closure due to evacuation orders, power outages, damaged infrastructure or public safety concerns. Inability of staff to work due to road closures, evacuations, etc. Loss of access to necessary goods or ingredients due to the event damaging suppliers and transportation routes. A formal closure notice from a state or local agency due to the disaster.

- Yes
- No

7. Is your business currently open?*

- Fully open
- Partially open (limited service or temporary location)
- Temporarily closed (with intent to re-open)
- Permanently closed

8. Is your business currently under bankruptcy liquidation (Chapter 7)?*

- Yes
- No

9. How much funding are you seeking from this grant?*

You may request up to \$25,000 in funding.

\$ _____

10. Are you willing and able to provide documentation to verify ownership, need and disaster impact?*

- Yes
- No

11. Business Name*

If you operate multiple locations and are applying for relief for a specific location, please include the location in the field below. For example "Diner - Hawthorne Street"

12. Confirmation and Certification*

By typing my name below, I certify that I have reviewed my responses and the information provided in this eligibility screening is true and complete to the best of my knowledge. I agree to the Terms & Conditions of the program and **I understand that once I submit this form it may not be amended** and submitting false information or omitting critical facts may disqualify me from receiving funding from the IRC and Chase Disaster Relief Fund.

DISASTER RELIEF FUND APPLICATION

Eligibility Confirmation

Business Name*

Is your business independently owned and operated, with no more than 20 locations nationwide?*

- Yes
- No

Is your business owned by a publicly traded company or investment firm?*

- Yes
- No

How would you describe your primary business?*

- Restaurant
- Bar
- Cafe
- Food truck

Does your business have a secondary operation?

For instance, you operate a cafe as your primary business, but the cafe also has a food truck that is open for lunch hours across town from your cafe.

When did your business originally open?*

How much funding are you seeking from this grant?*

You may request up to \$25,000 in funding.

\$ _____

Disaster Impact

What type of natural disaster did you experience?*

Please check all that apply

- Earthquake
- Derecho
- Flood
- Hail Storm
- Hurricane
- Tornado
- Tsunami
- Volcanic Eruption
- Wildfire/Urban Interface Fire
- Winter Storm

What was the date of the disaster?*

Did this event result in a federal disaster declaration?*

- Yes
- No

In which state or US Territory was the disaster declared?*

A drop down list of US States and territories will appear here

Is your business currently open?*

- Fully open
- Partially open (limited service or temporary location)
- Temporarily closed (with intent to re-open)
- Permanently closed

How did the disaster impact your business?*

- Damage to equipment
- Loss of utilities
- Lost income
- Lost inventory or supplies
- Structural damage to the building

To the best of your ability, please estimate your financial loss

Each field in the table requires a response. If you've not incurred a loss in a specific category you may enter a zero.

Property Damage	Equipment Damage	Inventory Loss	Revenue Loss	Other

If you entered an amount in the "Other" category please provide a description of the expenses.

Community Impact

How many people do you currently employ?*

How many people did you employ before the disaster?*

If awarded this grant, how would you prioritize workforce recovery?*

- Re-hire laid-off staff
- Maintain current payroll
- Increase wages or hours
- Cover healthcare or benefits
- Other

How does your business engage with your community?*

- Hosts public events or community gatherings
- Provides meals/donations to local causes
- Supports local mutual aid or non-profits
- Serves as a cultural anchor (e.g. identity-based or historical significance)
- Promotes and supports other small businesses (e.g. pop-ups, co-branding)
- Other

Please describe the impact of your business on the community.*

Operational Status

Have you had to lay off staff?*

- Yes
- No

When do you plan to be fully operational?*

If your business is partially open or temporarily closed please provide the date you expect to return to pre-disaster operational capacity?

What stands in the way of re-opening/returning to regular operations?*

Financial & Recovery Status

Without financial assistance, how likely is it that your business will close within 6 months?*

- Very Likely
- Somewhat Likely
- Uncertain
- Not Likely

What financial obligations are at greatest risk of nonpayment?*

Please select all that apply.

- Rent or mortgage
- Loans or credit lines
- Payroll
- Utilities
- Inventory or Supply orders

Please indicate how you would allocate funds if you were to receive this grant?

All fields are required, you may enter zero in any category not applicable to your funding request.

Use	Are you requesting this type of funding?	Amount
Rent/Mortgage Payments		
Payroll		
Repairs/Construction		
Inventory Replacement		
Equipment Replacement		
Debt Payment		
Utilities		
Total Amount Allocated		

Have you received any financial assistance related to this disaster?*

- Yes
- No

Do you have business interruption insurance?*

- Yes
- No

Have you received funding from any other IRC program?*

- Yes
- No

Has the business filed for bankruptcy any time in the past 5 years?*

- No
- Yes - Chapter 7 (liquidation)
- Yes - Chapter 11 or 13 (reorganization)

What specific steps will you take in the next 3-6 months to stabilize or re-open your business?*

How will this grant help you recover from the disaster in a sustainable way?*

Workforce Recovery

Please describe how you would prioritize workforce recovery.*

Financial Assistance

Financial Assistance Received

Each field in the table is required. You may enter zero if you've not received funding.

SBA Loan	FEMA	Insurance	Local or State Funding	Non Profit or Private Sector Relief

Business Interruption Insurance

Please note this section will appear if your previous answers require follow-up

If yes was your claim approved

- Fully approved
- Partially approved
- Denied
- Still Pending

Bankruptcy Status

Please note this section will appear if your previous answers require follow-up

What is the current status of your filing?

- Plan approved and in good standing
- Plan not yet approved
- Dismissed or discharged

Supporting Documentation

Please share proof of business interruption due to this disaster.*

This could be POS data, sales comparisons, tax filings, copies of closure orders from local government, etc.

File Size Limit: 5 MB

Please share property repair estimates or invoices.

File Size Limit: 5 MB

Please share photos of the damage your business sustained.

File Size Limit: 5 MB

Please provide your W9.*

File Size Limit: 5 MB

Profit & Loss Statements*

*Please share one Profit & Loss statement **for the period prior to the disaster and for the postdisaster period** (most recent quarter preferred).*

File Size Limit: 5 MB

Proof of Ownership*

Please upload one or more of the following: IRS EIN Letter, Articles of incorporation, state business registration.

File Size Limit: 5 MB

Certification & Confirmation*

By typing my name below, I certify that I have reviewed my responses and the information provided in this application is true and complete to the best of my knowledge. I agree to the Terms & Conditions of the program and **I understand that once I submit the application it may not be amended** and submitting false information or omitting critical facts may disqualify me from receiving funding from the IRC and Chase Disaster Relief Fund.
