ABOUT: The purpose of United Way of Northeastern Minnesota's 2026 Wildfire Recovery Fund is to provide financial support to residents whose individual income was directly affected by the July 2026 Lightning Incident. UWNEMN can provide a one-time disbursement of **$500 - $1,500** to be applied toward a bill (or bills); funding can also be awarded in the form of gift cards to local grocery stores.

Applications for are due by 11:59 PM August 10, 2026, and funds will be released by August 17, 2026.

The information requested in this application will be used to verify need, and that loss is related to the wildfire. Each application will be carefully reviewed by a small United Way of Northeastern Minnesota committee; all requests will remain confidential. Financial support cannot be processed without the application fully executed.

ELIGIBILITY: To qualify for this funding, individuals/families must:

- Live or work within the following communities in UWNEMN's service territory: Babbitt, Buyck, Cook, Crane Lake, Ely, Embarrass, Nett Lake, Orr, Soudan, Tower, Winton, and townships between any of the aforementioned communities.
    - Funds are limited, and availability will vary based on location.
    - Funds have been raised through donations, some of which are designated for specific communities.
- Have suffered income loss as a direct result of the July 2026 Lightning Incident

and provide the following:

- Current driver's license (front and back)
    - If address is not current on driver's license, a piece of mail addressed to you at current address must also be provided.
- For those who did not live or work directly in an evacuation zone – employer reference verifying income loss was due to July 2026 Lightning Incident
- For assistance with a specific bill – copy of **actual bill**
- For veterans - copy of your DD214

Please note that completing this paperwork does not guarantee funding. *If your application is approved, please keep in mind that this is funding will be distributed as one-time gifts of $500 - $1,500 to be applied directly to a bill (or bills) and/or given as a grocery gift card. Applications are due by 11:59 PM August 10, 2026, and funding will be released by August 17, 2026.*

Questions? Contact UWNEMN Volunteer & Engagement Coordinator Emily Unhjem at emily@unitedwaynemn.org or 218-215-2425.

2026 WILDFIRE RECOVERY FUND APPLICATION

Applicant Name *(First, Last)*: _____

Address *(include city)*: _____

Mailing Address *(if different than above)*: _____

Do you Own or Rent or Other (*please specify*): _____

Date of Birth: _____ **Household Size:** _____

Phone: _____ **Email**: _____

Were you evacuated? *(circle one)* **Yes** **No**

If YES, how long were you out of work as a result? _____

Was your workplace closed due to evacuations/BWCA closure? *(circle one)* **Yes** **No**

If YES, please include workplace address: _____

If YES, how long were you out of work as a result? _____

Is someone in your household or are you a military veteran or service member? *(circle one)* **Yes** **No**

Date of Service *(MM/YY-MM/YY)* _____ **Branch:** _____

If you did not live or work directly in an evacuation zone, an employer reference is REQUIRED.

- **Reference Contact Name** _____
- **Reference Phone Number and/or Email** _____

Did you (or do you intend to) apply for our Wildfire Recovery small business grant? *(circle one)* **Yes** **No**

Internal Use Only:

Date Received: _____ Date Contacted: _____ Spoke with: _____

Date Sent to Review Committee: _____ Approved: Yes No On Hold

On Hold or Denial Reason: _____

Approver: _____ Date Funds Sent to Applicant: _____

This page must be completed in full before submitting.

Financial Request

☐ **I would like to receive funding in the form of a grocery gift card.**

What grocery store is nearest you? _____

What amount would cover your food expenses until your workplace has stabilized? _____

☐ **I would like assistance with a bill (or bills).**

Please list bills for which assistance is needed in priority order (#1 being highest priority.)

1. Bill or item: _____ Estimated Cost: _____
2. Bill or item: _____ Estimated Cost: _____
3. Bill or item: _____ Estimated Cost: _____
4. Bill or item: _____ Estimated Cost: _____

☐ Check this box if you have provided documentation for each of the following:

- Current driver's license (front and back)
  - If address is not current on driver's license, a piece of mail addressed to you at current address must also be provided.
- For those who did not live or work directly in an evacuation zone – employer reference verifying income loss was due to July 2026 Lightning Incident
- For assistance with a specific bill – copy of actual bill
- For veterans - copy of your DD214

Certification:

I hereby certify that, to the best of my knowledge, the information provided is true and accurate.

Signature of Preparer: _____ Date: _____