

# Louisiana Mosquito Control Association

## Humanitarian Fund Policy

Modified on: 08/27/2025

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### Purpose:

The LMCA Humanitarian Fund is established to provide limited financial assistance to LMCA members facing unexpected personal hardship due to serious illness, natural disaster, or other qualifying emergencies. This fund is intended to support the LMCA community in times of critical need, reinforcing the Association's values of compassion, support, and mutual aid.

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### Eligibility Criteria:

To qualify for assistance from the LMCA Humanitarian Fund, the following conditions must be met:

- The applicant must be a **current LMCA member in good standing**.
- The request must be related to a **verifiable emergency** or hardship situation, such as:
  - Major illness or injury
  - Natural disaster (e.g., flood, fire, hurricane)
  - Loss of home or essential property
- Requests must not be related to routine expenses, business funding, or legal costs.

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### Submission and Review Process:

- Completed Humanitarian Fund Request Forms must be submitted electronically to [louisianamosquito@gmail.com](mailto:louisianamosquito@gmail.com). Upon receipt:
  - The LMCA Vice President will review the submission to confirm completeness and ensure that all required documentation is attached.
  - If additional information is needed, the Vice President may return the form to the applicant or nominator for completion.
  - Once verified, the Vice President will forward the request to the LMCA Board of Directors for review and vote in accordance with this policy.

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### Application Process:

- Applications must be **nominated** by another LMCA member.
- All requests must be submitted in writing to the **LMCA Board**, using a standard Humanitarian Fund Request Form.
- Requests should include:
  - Description of the hardship
  - Statement of financial need
  - Amount requested (if applicable)
  - Any supporting documentation (optional but encouraged)

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### Review and Approval:

- The LMCA Board shall review requests **confidentially**.
- A **majority vote** of the LMCA Board is required for approval.

- If a Board member has a conflict of interest, they must recuse themselves from voting.

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**Fund Limits and Distribution:**

- Individual awards shall generally not exceed **\$1,000** per request, but the Board may approve exceptions in extraordinary cases.
- No more than **\$5,000** may be distributed from the fund in any fiscal year without express approval from the Board.
- Funds will be distributed directly to the recipient or, where appropriate, to a service provider (e.g., hospital, funeral home).

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**Reporting and Confidentiality:**

- All approved disbursements shall be recorded by the Secretary-Treasurer for financial transparency.
- Personal identifying information will remain confidential and shared only on a need-to-know basis.
- A summary of fund usage (without names or personal details) shall be presented to the Board.

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**Review and Updates:**

This policy shall be reviewed annually and may be amended with approval by the LMCA Board.



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## Humanitarian Fund Request Form

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### Instructions:

Please complete all sections of this form. You may submit the form directly or nominate someone else in need. All completed forms must be sent to louisianamosquito@gmail.com. Submissions will first be reviewed by the LMCA Vice President to ensure all information and supporting documentation are included and then forwarded to the LMCA Board of Directors for review and vote. All information will remain confidential and will be reviewed only by the LMCA leadership. You may attach additional documentation if available.

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### Section 1: Applicant Information

(If submitting on behalf of someone else, complete this section with their information)

- **Full Name of Applicant:** \_\_\_\_\_
  - **LMCA Membership Status:** ☐ Current Member ☐ Not a Current Member
  - **Member Name:** \_\_\_\_\_
  - **Mailing Address:** \_\_\_\_\_
  - **City/State/ZIP:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
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### Section 2: Nominator Information

(Complete only if submitting on behalf of someone else)

- **Your Name:** \_\_\_\_\_
  - **Relationship to Applicant:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
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### Section 3: Nature of Hardship

Please describe the circumstances for this request. Be as specific as possible while maintaining confidentiality.

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☐ **Additional documentation attached** (optional but encouraged)

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#### Section 4: Financial Assistance Request

- **Amount of assistance requested:** \$ \_\_\_\_\_
  - **Is this for a specific expense?**
    - ☐ Yes (please describe): \_\_\_\_\_
    - ☐ No – General financial hardship
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#### Section 5: Signature and Acknowledgement

By signing below, I affirm that the information provided is accurate to the best of my knowledge. I understand that this request will be reviewed confidentially by the LMCA Executive Committee and that submission does not guarantee approval or funding.

**Signature of Applicant or Nominator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### For LMCA Board Use Only

- Date Received: \_\_\_\_\_
- Reviewed By: \_\_\_\_\_
- Approved: ☐ Yes ☐ No
- Amount Approved: \$ \_\_\_\_\_
- Date of Disbursement: \_\_\_\_\_
- Notes: \_\_\_\_\_

