HOPE AFTER THE STORM™

Relief + Resilience = Hope

GARDEN BLESSINGS 2026 ASSISTANCE APPLICATION

Application deadline: October 1, 2026 | Presented by Planning Events With A Purpose LLC

PROGRAM PURPOSE

Garden Blessings provides limited, short-term hardship assistance through sponsorship support designated for assistance awards. Our 2026 goal is to provide 10 awards of up to $500 each: five for qualified storm-recovery households and five for applicants experiencing breast-cancer-related hardship. Awards depend on available designated sponsorship funding, verified need, eligibility, and completion of an impartial review process. Applying does not guarantee assistance.

Hope After the Storm apparel proceeds help fund event production. Garden Blessings assistance awards are funded separately through designated sponsorship support.

SELECT ONE ASSISTANCE CATEGORY

☐ Storm recovery - hardship connected to the August 11, 2026 storm and prolonged power outage.

☐ Breast-cancer-related hardship - current treatment, recovery, or medically documented follow-up care.

BASIC ELIGIBILITY

☐ I am at least 18 years old, or I am the authorized parent/legal guardian applying for an eligible person.

☐ I currently reside in Gary, Indiana.

☐ I am requesting assistance for a current hardship that can be reasonably documented.

☐ I understand that only one Garden Blessings award may be approved per household for this application cycle.

Admission and assistance are separate. No apparel purchase, payment, sponsorship, donation, or event attendance is required to apply.

APPLICANT INFORMATION

Full legal name _____ Preferred name _____

Street address _____ Apartment/unit _____

City / ZIP _____ Date of birth _____

Phone _____ Email _____

☐ Call ☐ Text ☐ Email Best time _____

HOUSEHOLD INFORMATION

Adults _____ Children/dependents _____

Support person _____ Relationship _____

Support phone _____ Contact? ☐Y ☐N

PRIVACY NOTICE

Do not submit Social Security numbers, bank passwords, full bank-account numbers, complete medical records, or original identity documents. Submit only the minimum copies needed to verify eligibility and the requested hardship.

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ASSISTANCE REQUEST

What type of assistance are you requesting? Check all that apply.

☐ Housing: rent or temporary lodging	☐ Utilities: electric, gas, or water
☐ Transportation: gas, ride support, or repair	☐ Essential needs: groceries or treatment supplies
☐ Other: _____	Amount requested: $_____ (up to $500)

Preferred method (not guaranteed): ☐ Cash ☐ Gift card ☐ Provider/vendor payment ☐ No preference

BRIEFLY EXPLAIN THE HARDSHIP

Describe what happened, the current need, and how assistance would help your household.

MINIMUM SUPPORTING DOCUMENTS

☐ Proof of current Gary residency, such as a current ID, lease, or recent utility statement.

☐ A current bill, statement, estimate, receipt, or other document supporting the requested amount.

☐ Storm-recovery applicants: brief documentation or explanation showing storm/outage impact and current hardship.

☐ Breast-cancer-related applicants: brief provider verification of treatment, recovery, or follow-up care. A full medical record is not requested.

Submit copies only. Additional clarification may be requested when reasonably necessary to review the application.

APPLICATION REVIEW AND CONFIDENTIALITY

Each application will receive an ID and be reviewed by two impartial reviewers using eligibility, documented need, and available funding. Access to personal information is limited to those receiving, reviewing, verifying, or administering awards. Decisions and assistance methods are final and subject to available designated sponsorship funding.

APPLICANT CERTIFICATION

I certify that this information is true and complete to the best of my knowledge. I understand that applying does not guarantee assistance. I authorize Planning Events With A Purpose LLC and the impartial reviewers to verify only what is reasonably necessary to review this request and administer an approved award.

Signature _____ Date _____

Guardian relation _____ Application category _____

SUBMISSION

Email the completed application and supporting copies by October 1, 2026 to Joy@planningeventswithapurpose.com. Do not email Social Security numbers, banking credentials, or complete medical records. Questions: (970) 921-9PEP.

FOR PROGRAM USE ONLY

Application ID _____ Date received _____

Category _____ Eligibility verified _____

Reviewer 1 / date _____ Reviewer 2 / date _____

Decision _____ Approved amount _____

Award method _____ Payment / delivery date _____