PROGRAM GOALS

64% of small businesses are started with less than $10,000. (FSB, 2019) 82% of businesses fail because of cash flow problems. (Fundera, 2017) That is why even a small disaster can potentially ruin a business’ chances of success. The Edmonds Chamber Foundation has created a WISH Fund to help businesses get back on their feet faster after a catastrophe. This program is intended to assist in disaster recovery when an incident is not covered by insurance or a business is under-insured.

MINIMUM CRITERIA & APPLICATION PROCESS

To apply for WISH Fund support, businesses must meet all of the following criteria:

- The business must be located in the greater Edmonds area including zip codes 98020 and 98026
- The incident must have occurred to the business from an outside cause and is not the result of their own actions.
- Only complete applications will be considered.
- The Edmonds Chamber Foundation Board will review each application within 5 days of submission and notify the business immediately about the disbursement of funds. A check may be written to the company performing repair services or directly to the business affected by the disaster if repairs have already been paid. This is at the discretion of the Edmonds Chamber Foundation Board. A business may receive full funding or a portion of the request depending on availability of resources and assessed need.

SUPPORTING DOCUMENTATION

- Supply an insurance claim number and/or police report.
- Include photos of damages.
- Describe the incident in detail and list of items damaged, stolen or lost.
- List any out-of-pocket expenses already paid to help resolve the issue (Include a copy of receipts).
- Obtain at least two quotes for repairs and/or replacement.

PROGRAM FUNDING

Program funding is made possible by individuals and businesses in our community who have made generous donations to the Edmonds Chamber Foundation. The Foundation is a 501(C)3 providing scholarships, emergency funding and support for community events. Your donations insure these programs keep our community strong.
WISH FUND APPLICATION

If you have experienced damages at your business that are not already covered by insurance or below your insurance deductible, please fill out this form. The Edmonds Chamber Foundation Board will review each application to evaluate your need and evaluate our ability to assist.

Business: ______________________________________________________________________________________
Representative Name: ___________________________________________________________________________
Phone: ______________________________________ Email: ____________________________________________
Address of Incident: _____________________________________________________________________________
Insurance Claim # ___________________________ Police Report #______________________________
Insurance Company Contact: ___________________________________________________________________

Please describe the type of damages that your business has incurred: ____________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Type of Incident:

☐ Burglary (Excludes Shoplifting)
☐ Fire Damage
☐ Wind / Storm Damage
☐ Vandalism
☐ Black Water / Flooding
☐ Other: ________________________________

Please Include with Application:

☐ Copy of Insurance Claim (if Applicable)
☐ Copy of Police Report (if Applicable)
☐ Photos of the Damages
☐ 2 Quotes for Repairs
☐ Any Paid Receipts

Signature: ____________________________  Date: ______________________

Edmonds Chamber Foundation | WISH Fund