



# Coast Guard Mutual Assistance

## DLA Supplemental Grant

**Program Information:** CGMA will provide a grant of \$1,000 to eligible Active Duty CGMA clients who are officially relocated due to environmental concerns. Limited to one grant per CGMA client and must be claimed within 45 days of arrival at new residence.

**Instructions for completion:** The CGMA client will complete the form and submit it, with proper supporting documentation, to their local CGMA representative. (Visit our website [www.cgmahq.org](http://www.cgmahq.org) or call (800) 881-2462 for CGMA Representative Locations). Fields with an \* are required.

CGMA Client Information				
* Name: Last	First	M.I.	* Social Security Number XXX-XX-	Employee ID Number
* Home Address Line 1	Line 2	City	State	Zip Code
* Home Phone Number	Cell Phone Number	* Home E-mail Address		
* Rank/Rate/Grade:	Current Duty Station			Work Phone Number
* Status Active Duty	* Year of Birth		* Year Joined CG	

Assistance Requested		
Type of Assistance Requested	Amount Requested	Zellepay.com E-Mail Address
Grant	\$1,000	

Applicant's Certification	
I certify:	
<input type="checkbox"/> * All information indicated above is true, accurate, and complete.	
I have attached the following documents:	
<input type="checkbox"/> * Copy of Orders authorizing movement of HHG.	
This form, with attachments, will be kept on file with CGMA.	
Applicant's Signature:	Date: