



## Disaster Relief Fund Application

Please return all applications to :  
Email: [info@myfmaa.org](mailto:info@myfmaa.org)

Mail: FMA Alliance  
PO Box 1403  
Land O Lakes, FL 34639

NAME OF YOUR ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE #:

FAX #:

E-MAIL:

Date:

CONTACT'S NAME:

WHAT IS YOUR MISSION STATEMENT? (ADDITIONAL PAPER MAY BE USED)

IS YOUR ORGANIZATION A 501 (C) (3)? IF SO, PLEASE PROVIDE IRS DOCUMENTATION.

WHAT TYPE OF DISASTER OCCURRED?

WHEN DID THIS DISASTER OCCURE?

WHAT ARE THE DETAILED NEEDS OF YOUR ORGANIZATION THAT WERE CAUSED BY THIS DISASTER? (ADDITIONAL PAPER MAY BE USED)

PLEASE ITEMIZE THE AMOUNT NEEDED BY YOUR ORGANIZATION: (ADDITIONAL PAPER  
MAY BE USED)

This form may be duplicated