



**Florida Medical Alliance Foundation**  
**Disaster Relief Fund Grant Application**

The Disaster Relief Fund provides financial assistance to an individual or community health-based non-profit organization after a natural or man-made disaster. Grants up to \$1,000 will be considered. FMA Alliance members may apply on behalf of a community health-based non-profit organization.

Date \_\_\_\_\_

**Individual Application:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE ANSWER A, B, C BELOW**

**Organizational Application:**

Name of organization \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Contact person/position \_\_\_\_\_

What is your mission statement? (Use additional pages as necessary) \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Is your organization a 501(c)3? \_\_\_\_\_ If YES, please provide IRS documentation.

**PLEASE ANSWER A, B, C BELOW**

A) Describe the disaster with date, type, location, and any other pertinent facts.

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B) List in detail the needs created by this disaster that can be met through this fund.

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C) Please itemize the amounts needed to meet your recovery needs.

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Please send applications to:

Email: [info@myfmaa.org](mailto:info@myfmaa.org)

Mail: Florida Medical Alliance Foundation  
PO Box 353  
Winter Park, FL 32790

The Florida Medical Alliance Foundation is a non-profit charitable organization that works to advance medicine and public health by providing philanthropic support for health-related initiatives throughout the State of Florida.

[www.myfmaa.org](http://www.myfmaa.org)