



Florida Medical Alliance Foundation

Disaster Relief Fund Grant Application

The purpose of the Disaster Relief Fund is to provide financial assistance after a natural or man-made disaster.

Date _____

Individual Application:

Name _____

Address _____

Telephone _____ Email _____

PLEASE ANSWER A, B, C BELOW

Organizational Application:

Name of organization _____

Physical Address _____

Mailing address _____

Telephone _____ Fax _____

Email _____

Website URL _____

Contact person/position _____

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

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.

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

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

Please send applications to:

Email – info@myfmaa.org

Mail – Florida Medical Alliance Foundation
PO Box 1403
Land O Lakes, FL 34639

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
