



**Disaster Relief Fund  
Grant Application**

The Disaster Relief Fund provides financial assistance to individuals or community health-based non-profit organizations after a natural or man-made disaster. Applicants may be recommended by an FMA Alliance County or FMA Alliance Individual Member. Grants up to \$1,000 will be considered.

Date \_\_\_\_\_

Person completing application: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Application on behalf of an individual:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

**Application on behalf of an organization:**

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

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

Mission statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**PLEASE ANSWER A, B, and C**

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

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*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.*