



GEORGIA HEALTHY FAMILY ALLIANCE

Disaster Relief Fund Grant Application

Applicants must be GAFP members and have sustained professional losses. Grants will be awarded to assist in the repair and rebuilding process. Grant amounts will be dependent on funds available and will be approved by the GHFA Board of Directors. The deadline for grant applications will be May 15, 2019.

Please Print:

Physician's Full Name

Home Address

City/State

Zip Code

Business Address

City/State

Zip Code

Temporary Address and Information (if different from above)

Email Address

Office Number

Home Number

Cell Number

Grant Request Amount: _____

Briefly describe the damage or loss sustained by your medical practice and what your total out of pocket loss (after insurance recovery) is anticipated to be.

Briefly describe how you will use the grant if awarded all or a portion of your requested amount.

Have you applied for other disaster recovery? ____Yes ____No
If so, with whom?

Please include the amounts you anticipate receiving.

Do you have any other information that may help us to evaluate your grant application?

Certification by Grant Applicant

I certify that I have suffered physical damage to my medical practice as described above. I also certify that the other information contained in this application is true and complete. I understand that a material misrepresentation or omission of any information is grounds for denial of a grant. I understand that the granting of assistance is neither a right nor an entitlement, and that the Georgia Academy of Family Physicians shall have sole discretion in determining whether I qualify for or receive a grant.

Signature:

Date:

Please print and submit this application by email to ksinkule@gafp.org or fax to:

*Georgia Academy of Family Physicians/ Georgia Healthy Family Alliance
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404-321-7445, Fax 404-321-7450, www.georgiahealthyfamilyalliance.org*