

Boca Grande Disaster Fund
Led by Boca Grande United Methodist Church

Financial Assistance Application Form

Name		Date
Business Address		
City	State	Zip
Cell Phone	Email Address	
Mailing Address (if different from above)		

Statement of Need (Be as specific as possible)

Connection to the Boca Grande Community (describe service(s) provided to the Boca Grande community)

Have you applied for other Federal, State or Local Disaster Assistance Programs?	No _____	Yes _____
Would you remain in Boca Grande without any assistance? (Business applicants only)	No _____	Yes _____
How long will it take you to reopen your business?	Time (months)	

I certify that the above information is correct to the best of my knowledge and belief. I understand that the Boca Grande Disaster Fund is a need-based fund, and the Committee will make a determination of eligibility to receive financial assistance based on this application and the availability of funding provided by contributions to this fund.

Applicant's Signature: _____

Applications received by Tuesday are reviewed on Thursday each week.

Return completed application via email to meobannon@yahoo.com or by mail to Mary O'Bannon at PO Box 1468, Boca Grande, FL 33921.