



# Post Disaster Relief Grant Application

## Deadline: April 6, 2018

### Overview & General Instructions

The Texas Dental Association (TDA) Relief Fund receives donor disaster assistance funds to respond to Texas dentists who reside in a presidentially declared disaster area who have financial needs as a result of a natural disaster or catastrophe. The TDA Board of Directors (Board) through its Relief Fund Work Group (Work Group) administers the grant program.

A dentist is defined as any individual currently residing in the United States or its territories and meets one or more of the following requirements:

- Is a graduate of a pre-doctoral dental degree program accredited by the Commission on Dental Accreditation;
- Currently holds or formerly held a valid dental license in any U.S. state or territory;
- Is employed by or serving on active duty in one of the U.S. Federal Dental Services; or
- Is working as a dental school faculty member, dental administrator or consultant at a dental school accredited by the Commission on Dental Accreditation.

### Application

Grant amounts are determined based on completion of an application, statement(s) of financial needs, and available funds. The Work Group has authorized the use of the attached application for donor-contributed long-term disaster relief funds in response to Hurricane Harvey. **All applicant information will be kept confidential and grant-recipient names will not be published or made available in public documents.** TDA has the right to deny any application based on Applicant's failure to provide sufficient information. Applications are due by Friday, April 6, 2018.

### Funding Amounts & Rules

1. Determination of Grant Amount. The Work Group may award grants with the individual amount dependent upon the number of applicants and the amount of funds available at any given time. The final decision regarding the grants is solely within the purview of the Work Group.
2. Limit. The grants may not exceed the available balance of donor contributions received by TDA for disaster relief.
3. Eligibility. In keeping with the TDA Relief Fund status as a tax-exempt 501(c)(3), applicants are not required to be members of the TDA or its component societies. To be eligible, the dentist applicant will need to have submitted a copy of their completed application exhibiting financial need for reasonable and necessary personal living expenses incurred as a result of a qualified disaster. Grants cannot be made on the basis of lost income.
4. Application of Rules. TDA's decision about how its funds will be distributed must be based on an objective evaluation of the victims' needs at the time the grant is made; therefore, the scope of the assessment required to support the need for assistance may vary depending upon the circumstances (Ref. IRS Publication 3833). The TDA or the local component society may have follow up questions or requests for information upon receipt of the completed application. Every effort will be made to limit the requests to essential and necessary information.

### Questions or Assistance

If you or a fellow dentist has prolonged suffering with verifiable financial need following a qualified disaster, we hope you will consider applying for assistance. Any questions may be forwarded by email to Ms. Linda G. Brady, TDA Executive Director ([lbrady@tda.org](mailto:lbrady@tda.org)), or Mr. Terry Cornwell, TDA Governance Manager ([terry@tda.org](mailto:terry@tda.org)). You may also call the TDA Central Office at 512-443-3675.

# TDA Post Disaster Relief Grant Application

**Deadline: April 6, 2018**

## 1. APPLICANT INFORMATION

**Applicant Name:** \_\_\_\_\_

**ADA or License Number:** \_\_\_\_\_  
(for verification purposes only)

**Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Mobile Telephone:** \_\_\_\_\_

**Email Address(es):** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Practice Telephone:** \_\_\_\_\_

## 2. REASON FOR REQUESTING ASSISTANCE

Please describe circumstances leading to requesting financial assistance and include efforts made or being made to no longer be in deficit. List the area of the disaster and define the affected area such as primary residence, practice or both.

### 3. OTHER ASSISTANCE

Indicate below if you have applied for and/or have been granted other assistance.

	REQUESTED		IF YES, STATUS OF REQUEST			
	YES	NO	GRANTED	DENIED	PENDING	N/A
<b>FEMA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Assistance</b> (i.e., local city or state assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on status of pending applications:

### 4. FINANCIAL NEED QUESTIONNAIRE

Financial Need Assessment		Yes	No	N/A	Comments
1	Was your home damaged by the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	Are you currently able to live in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	Do you have current or outstanding expenses for alternative living arrangements due to the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	Do you currently have other personal living expenses as a direct result of the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	Are you currently working and earning an income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	Is your dental practice or employer office(s) currently open and operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	Is your income currently sufficient to cover normal expenses and additional expenses from the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	Are you currently receiving compensation or financial assistance from any federal or state government agency? (If yes, please indicate what has not been covered by this assistance in the comments.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9	Do you currently have any other sources of income or financial assistance not covered in item 8? (If yes, please complete the "Supplemental Financial Information" in Section 5 of this application.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10	Do you attest to currently having a financial need for disaster relief funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

# 5. SUPPLEMENTAL FINANCIAL INFORMATION

## Hurricane Harvey Damages Sustained

### Summary of Damages/Expenses (Ref. IRS Code Section 139, b1-2):

**Repair/Rehabilitation/Replacement Expenses Paid (including displacement expenses incurred as a result of the disaster) (List)** \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal/Family/Living Expenses Paid (Including medical and child care expenses incurred as a result of the disaster) (List)** \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Deductibles To Be Met** \$ \_\_\_\_\_

**Deposits and Down Payments Paid** \$ \_\_\_\_\_

**Contents Replacement** \$ \_\_\_\_\_

(Describe the damages, payments made or intentions to pay for reconstruction process)

**TOTAL Damages/Expenses** \$ \_\_\_\_\_

### Summary of Resources Received (Please Provide Proof of Assistance Received):

**FEMA Assistance** \$ \_\_\_\_\_

**Local Assistance** \$ \_\_\_\_\_

**Other Assistance** \$ \_\_\_\_\_

**TOTAL Compensation Received** \$ \_\_\_\_\_

**TOTAL UNCOMPENSATED DAMAGES/EXPENSES** \$ \_\_\_\_\_

**Resources Available From Personal Funds/Income - TOTAL** \$ \_\_\_\_\_

## CONTINUED FROM PREVIOUS PAGE

Please provide additional information you deem necessary (attach additional sheets if necessary):

### 6. CERTIFICATION BY APPLICANT AND SIGNATURE

I verify that the above information is true and complete and that I have a valid need for funds. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal to grant assistance. I understand that the granted assistance is neither a right nor entitlement and that the Board of Directors Relief Fund Work Group of the Texas Dental Association shall have sole discretion in determining whether I qualify for assistance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* SEND TO TDA, 1946 SOUTH IH-35 STE 400, AUSTIN TX 78704 (FAX TO 512-443-3031; EMAIL TO [TERRY@TDA.ORG](mailto:TERRY@TDA.ORG) \*\***