

PDAT FINANCIAL ASSISTANCE APPLICATION

CHECK ALL THAT APPLY:

Incident Type: _____ Wind _____ Flood _____ Fire _____ Other _____

Church/Mission Partner Name:

City: _____

Physical Address: _____

Mailing Address: _____

Church Phone: _____ Church Email: _____

Has the Session or Organization Leadership approved completing this form?

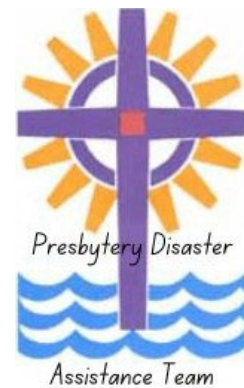
Date Approved: _____

Has your church or organization Submitted a Presbytery of Tampa Bay Incident Triage Form related to this request: _____ Yes _____ No

Please include any additional information here:

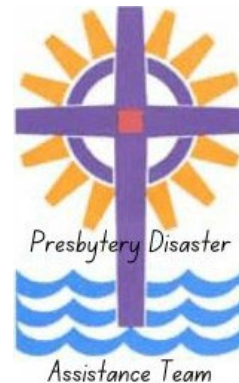
Amount of Financial Assistance Requested: _____

Request Limit is \$



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Briefly describe the most immediate needs unmet by other financial resources available to your church or organization currently (300-character limit):



Have you received or do you expect to receive additional funds elsewhere for this purpose?

(Required) _____ No _____ Yes

If yes, please explain

Contact Name: _____ Role in Organization: _____

Contact Phone: _____ Email: _____

Preferred Method of Contact: _____ Phone call _____ Text _____ Email

Contact Signature: _____ Date: _____