



O F • A L A B A M A

## Application for Assistance Natural or Civil Disaster

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

**Contact information: (phone, e-mail, mailing address)**

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

**Describe the extent of damage or injury experienced as a result of the disaster.**

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

**List any resources available to pay necessary costs of restoration in order to provide healthcare and services to your community. (Include donations from other sources.)**

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

**Without assistance, how soon to you expect to resume providing health care services?**

\_\_\_\_\_

**Briefly describe how the loss of your services affect your community.**

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

**Date(s) damage occurred:** \_\_\_\_\_

**Estimated amount of damage:** \_\_\_\_\_

**Grant amount requested:** \_\_\_\_\_

**Send application to:**

**Medical Foundation of Alabama**

19 S. Jackson Street

P.O. Box 1900

Montgomery, AL 36102-1900

(800) 239-6272 • (334) 954-2500

Fax: (334) 269-5200

masa@masalink.org