

*Boca Grande Disaster Fund*  
 Through the Boca Grande United Methodist Church

2024 Financial Assistance Application Form

Applicant Name	Date
Business Name	
Business Address	
Cell Phone	Email Address
Mailing Address (if different from above)	

**Statement of Need** (Be as specific as possible – we cannot fund loss of income)  
 If possible – please provide costs and/or documentation for expenses to replace items

Do you have flood insurance coverage? If yes, what is your deductible? \$ _____	No _____	Yes _____
Have you applied for other Federal, State or Local Disaster Assistance Programs? If yes, please list:	No _____	Yes _____
Do you own the building your business is in? If No, please provide the Landlord name:	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: \_\_\_\_\_

Return completed application via email to [snewman@spiritflighteast.com](mailto:snewman@spiritflighteast.com) or [meobannon@yahoo.com](mailto:meobannon@yahoo.com) or drop off at the Boca Grande Methodist Church.