

**SOUTHEASTERN ASSOCIATION OF AREA AGENCIES ON AGING
DISASTER ASSISTANCE REQUEST FORM**

STATE AND REGIONAL AAA	
NAME OF PERSON SUBMITTING REQUEST	
POSITION OF PERSON SUBMITTING REQUEST	
CONTACT ADDRESS	
CONTACT PHONE NUMBER	
CONTACT EMAIL	

Amount of Funds being Requested:

Designated as a Disaster by the Governor: Yes ___ No ___
 If yes, date of designation: _____

Designated by the President of the US: Yes ___ No ___
 If yes, date of designation: _____

Brief description of how the AAA planning area was affected by the disaster.
Immediate needs:

Describe how the Funds will be used: (Examples: provide supplies not covered by FEMA; provide some emergency funds until money available from FEMA; match funds; etc.)

Number of Persons to Benefit: _____ Seniors _____ AAA(s) _____ Others

I certify that the information provided on this request is correct. If the request is successful, the attached report form with invoices of expenditures will be submitted to the SE4A Board of Directors within six months of this request.

Applicant Signature

Date

Area Agency on Aging Director
Signature (If different)

THIS SECTION COMPLETED BY THE STATE REPRESENTATIVE ON THE SE4A BUDGET/FINANCE COMMITTEE:

___ I have reviewed this request and recommend it for consideration by SE4A.

___ I have reviewed this request and do not recommend it for consideration by SE4A.

Local SE4A Budget/Finance Committee Member

Date

THIS SECTION COMPLETED BY THE TREASURER OF SE4A:

___ This application has been denied.

___ This application has been approved for \$ _____ (not to exceed \$2000)

SE4A Treasurer

Date

THIS SECTION COMPLETED BY SE4A PRESIDENT IF AMOUNT REQUESTED EXCEEDS \$2000:

___ This application has been approved for \$ _____ (not to exceed \$5,000)

___ This application has been approved for \$ _____ (all designated funds for the AAA)

SE4A President

Date of Approval
by SE4A Board (or Executive Committee)