

Mission Presbytery POST-DISASTER FUNDS REQUEST

Disaster Event Name:	
Date of Request:	
Requesting Person/Phone:	
Requesting Church or Agency:	

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	FEMA assigned a Disaster Number?
<input type="checkbox"/>	<input type="checkbox"/>	Insurance coverage for damage/loss sustained?
<input type="checkbox"/>	<input type="checkbox"/>	Insurance policy includes replacement coverage?
<input type="checkbox"/>	<input type="checkbox"/>	Temporary action taken to mitigate further damage/loss?
<input type="checkbox"/>	<input type="checkbox"/>	Usable worship and/or meeting space still exist?
<input type="checkbox"/>	<input type="checkbox"/>	Capacity to maintain normal Board of Pension contributions?

POST-DISASTER FUNDS REQUIREMENTS			
<i>Materials & Goods (describe)</i>	<i>Amount</i>	<i>Board of Pensions</i>	<i>Amount</i>
Total Materials & Goods		Total Board of Pensions	

Make Check Payable to:

Mailing Address:

City, State, Zip Code:

Contact Phone Number:

Contact Email Address:

Fax or email request form to Mission Presbytery Stated Clerk

- Funds disbursed are based on priority of needs and availability of designated offerings.
- Do not obligate funds based on the amount requested; obligate based on funds received.
- Submit a report with receipts showing detailed use of funds granted.

FOR PRESBYTERY USE ONLY	
Date Request Received / By:	
Date Request Approved / By:	
Funds Amount Approved:	
Date Check Mailed / By:	
Date Report & Receipts Received:	