



7833 Office Park Blvd., Baton Rouge, LA 70809

www.ladental.org

GRANT APPLICATION FOR LOUISIANA DENTISTS AFFECTED BY DISASTER
(for property damage only)

APPLICATION DEADLINE: The end of the period of time in which a State of Emergency related to the disaster is declared to be in effect by the state of Louisiana.

Fax to 1-800-343-3842 or 225-926-1886

Name _____

Louisiana Component (if applicable) _____ ADA # (if applicable) _____

Office Address _____ City, State, Zip _____

Do you rent or own this office? _____ Are you an associate here? _____

Is the office on the first floor? _____ Did you have flooding? _____

Home Address _____ City, State, Zip _____

Do you rent or own your home? _____

Telephone (Home) _____ (Office) _____

Plases provide your temporary contact information:

Address _____ City, State, Zip _____

Telephone/Cell _____ Email: _____

DATE OF THE DISASTER _____

NAME OF THE DISASTER _____

Briefly describe the nature of the disaster and provide details on the property damaged sustained (attach additional sheet if necessary). List items individually so that we can determine the dollar amount of your loss.

Briefly describe how you plan to use emergency funds (attach additional sheet if necessary).

Do you have insurance coverage for your practice facility? _____

Do you have flood insurance coverage for your practice facility? _____

What is your deductible? \$ _____

What is the net loss **AFTER** insurance coverage on your practice facility? \$ _____ (1)

If your net loss does not equal your deductible, please explain why. _____

Do you have insurance coverage on your home? _____

Do you have flood insurance coverage for your home? _____

What is your deductible? \$ _____

What is the net loss **AFTER** insurance coverage on your home? \$ _____ (2)

If your net loss does not equal your deductible, please explain why. _____

Name of Insurance Company _____

What is your total property loss (line 1 plus line 2) \$ _____

What is your estimate of your TOTAL loss in this disaster (lost income and property damages)?

\$ _____ **YOU MUST FILL THIS IN WITH AN ESTIMATE!**

Of this amount what % is from income lost _____? What is the % from property damage _____?

Your total loss multiplied by your % of property damage must equal Line 1 plus Line 2.

PLEASE MAKE SURE THAT THE TOTAL PROPERTY DAMAGE STATED HERE IS LISTED IN DETAIL ON PAGE ONE.

Nature of financial resources (please indicate the extent of your financial insurance as expected by this disaster). _____

What is your approximate net worth? \$ _____

Please indicate whether or not you are able to use your available resources to help with this disaster? _____

Have you been able to return to work? _____ If so, when? _____ Is your patient load less than normal? _____ If so, what percentage of your regular patient load are you seeing now? _____

Do you have business interruption insurance? How is it helping? _____

Have you received funds from FEMA or Red Cross? _____

Any checks from your insurance company? _____

Certification by Applicant

- I certify that I have suffered a disaster to my dental practice and/or residence as stated in this application.
- I certify that the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal to grant assistance under this program.
- I understand that the granting of such assistance is neither a right nor entitlement and that the Board of Directors of the LDA Foundation shall have sole discretion in determining whether I qualify for assistance.

Amount requested: \$ _____ (Maximum \$1,500)

Signed _____ Date _____

Affirmation/Approval

This is to verify that the applicant named herein is a Louisiana dentist who has suffered a disaster and that the information contained herein is true and complete to the best knowledge of the undersigned. The application is thereby approved upon signature by both officials indicated below.

Executive Director/Designated Officer, Louisiana Dental Association Date _____

President of the Louisiana Dental Association Foundation Date _____

LDA Foundation
7833 Office Park Blvd; Baton Rouge, LA 70809
Ph. 225-926-1986 or 800-388-6642 Fax. 225-926-1886 or 800-343-3842
Email: info@ladental.org