



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 225-926-1886 or E-mail to tisha@ladental.org

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 documentation of the property damaged sustained. This is to help us verify an approximate dollar value for losses you suffered as a direct result of the disaster. Documentation can include photos, an adjustor's report, a detailed description of the items damaged/lost/destroyed or a combination. (Attach additional sheet if necessary.)

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

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

What is your property deductible? \$ _____

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

What is your flood deductible? \$ _____

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

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

Do you have property insurance coverage for your home? _____

What is your property deductible? \$ _____

Do you have flood insurance coverage for your home? _____

What is your flood deductible? \$ _____

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

If your net loss does not equal your deductible(s), 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 DOCUMENTED IN SOME WAY (i.e., description on page 1, photos, adjusters report, etc.)

Please list the amount of any funds received to date from FEMA, Red Cross, etc. \$ _____

If applicable, please list any restrictions FEMA, Red Cross, etc. placed on your use of these funds _____

Please list the amount of any funds received to date from your insurance company \$ _____

If applicable, please list any restrictions your insurance company placed on your use of these funds _____

What is your approximate net worth (pre-disaster)? \$ _____

Please indicate the nature of all your assets (stocks, savings accounts, property, etc.) and whether it is viable to use them to defray the costs you expect to incur as a result of this disaster _____

Have you been able to return to work? _____ If so, when? _____ If working, is your patient load less than normal? _____ If so, what % of your regular patient load are you seeing now? _____
Do you have business interruption insurance? _____ How is it helping? _____

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
Phone: 225-926-1986 or 1-800-388-6642 Fax: 225-926-1886
Email: tisha@ladental.org

LDA Disaster Grant Rules As Amended

L. Grants to Dentists Affected by Disasters

1. **Purpose:** The purpose of disaster grants is to provide a small measure of immediate financial assistance to needy eligible beneficiaries who are victims of a disaster. A disaster shall be defined in the same manner as by the ADA Foundation for similar grants, and can be both natural and caused by human conduct. Examples include, but are not necessarily limited to: civil disorders (excluding acts of war), explosions, fires, tornadoes, earthquakes, floods, tidal waves, forest fires and hurricanes.

2. **Eligible Beneficiaries:** Any Louisiana dentist who is a victim of a disaster may apply for a grant, provided that:

- a. He or she suffered property damages as a result of the disaster.
- b. A "disaster" has been declared by a governmental agency, or has been determined by the Board in accordance with the definition provided above.
- c. Application is made using the LDA Disaster Grant form during the period of time in which a State of Emergency related to that disaster is declared to be in effect by the State of Louisiana, or within 3 months of the occurrence of the disaster, whichever occurs at the later point in time.
- d. The dentist has not applied for an ADA Disaster Grant for Dentists in the previous 10 days.

3. Evaluation of Application and Procedures for Processing:

- a. Upon receiving the application, the Fund shall determine that (1) a disaster did occur under the definition provided by the ADA Foundation and in these Rules, (2) the disaster was declared by a governmental agency, if applicable, (3) the applicant suffered damages, (4) the application form is signed by the applicant, and (5) the damages appear to be commensurate with the requested claim. This may require, for example, a visual inspection by an investigator or a copy of an insurance claim report.
- b. The Fund shall also verify that the application was submitted within the appropriate time frame, in accordance with section 2.c. Should a deadline date be published, reported or otherwise disseminated that does not accurately coincide with the lifting of the state of emergency or three months from the date of the actual disaster, applications will nonetheless be evaluated for timely submission solely on the basis of the actual deadline as stated in section 2.c., and it will be the obligation of the applicant to ensure submission is prior to the actual deadline rather than any deadline mistakenly or erroneously communicated by any party.
- c. Assuming affirmation that the application satisfies all criteria under 3.a. and 3.b, it may be approved by the Fund's Administrative Officer and Executive Director for an amount, up to the maximum allowable, that is consistent with the damages suffered and financial impact on the applicant attributable to the disaster. Applications not satisfying all criteria under 3.a. and 3.b. must be approved by the Board of Trustees.

4. **Term and Amount of Grant:** Grants for disaster assistance shall be offered only once per applicant per disaster as defined in these Rules, and shall not exceed \$1,500.