

# NDEA DISASTER RELIEF FUND APPLICATION

*(please print in block letters)*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Local: \_\_\_\_\_

Date of the Loss: \_\_\_\_\_ Cause of the Loss: \_\_\_\_\_

Describe Losses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dollar Value of Amount Lost: \_\_\_\_\_ Grant Level Requested:  \$100

\$250

\_\_\_\_\_

(other amount)

In making this application, I certify that the loss described can, upon request, be documented and is not covered by insurance from any source.

Signature: \_\_\_\_\_

*Mail application form to:* **NDEA Disaster Relief Committee**  
**410 East Thayer Avenue**  
**Bismarck ND 58501-4049**