Family Physician Assistance Application

The AAFP Foundation provides support to family physicians who have undergone uninsured losses to their medical practices and/or who need help to get their practices up and running again in a time of crisis. Grants will be awarded to assist in the repair and rebuilding process. Grant amounts range up to $2,000 and will be reviewed and approved by the AAFP Foundation Board of Trustees. Grant applications are received throughout the year. However, grant decisions are made in May and November on a regular basis and more frequently during a disaster.

Physician's Full Name

Home Address	**City/State**	**Zip Code**

Business Address	**City/State**	**Zip Code**

Temporary Address and Information (if different from above)

Email Address

Office Number	**Home Number**	**Cell Number**

Grant amount requested: $_____

Briefly describe the physical damage sustained by your medical practice and what your net loss (after insurance recovery) is anticipated to be.

Briefly describe how you will use the grant if awarded all or a portion of your requested amount.

Have you applied for other disaster recovery? ___ Yes ___No
If so, with whom?

Please include the amounts you anticipate receiving:

Do you have any other information that may help us to evaluate your grant application?

Certification by Grant Applicant
I certify that I have suffered physical damage to my medical practice as described above. I also certify that the other information contained in this application is true and complete. I understand that a material misrepresentation or omission of any information is grounds for denial of a grant. I understand that the granting of assistance is neither a right nor an entitlement, and that the American Academy of Family Physicians Foundation shall have sole discretion in determining whether I qualify for or receive a grant.

Signature: **Date:**

Reviewed and Recommended for consideration:

_____ _____

Chapter Name **Chapter Representative (signature)**