



## **FSPA MEMBER HURRICANE DISASTER RELIEF FORGIVABLE GRANT APPLICATION**

1. Applicant name:
2. Company name if different from applicant:
3. Applicant/Company address:
4. Applicant/Company phone:
5. Applicant/Company email:
6. FSPA member? Yes or No
7. Local FSPA Chapter name:
8. Florida license number:
9. If applicable, do you own or rent your company's office/warehouse space?
10. Photos/images documenting disaster:
11. Describe damage or need/use for grant:
12. Insurance summary page, including deductible amount:
13. If applicable, insurance adjustor assessments:
14. If applicable, contractor estimates:
15. If applicable, proof of payroll estimates via payroll provider summary or State of Florida RT-6 Form
16. If applicable, copy of lease or mortgage agreement:
17. Address to mail funds:

Declaration by Applicant: By typing and signing my name below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above-stated information is true and correct. I agree that individuals and/or entities listed above, including my local FSPA Chapter may be contacted to verify the information contained in this application.

Additionally, I authorize the Florida Swimming Pool Association to disclose any confidential and/or financial information to the Florida Swims Foundation Trustees as it pertains to the above emergency.

Applicant Name:

----- Signature of Applicant / Date

***Include separate documents, photos, etc. as needed to fulfill questions. Return all to Valerie@FSPA.com.***