1. **Purpose:** The purpose of disaster grants is to provide a small measure of immediate financial assistance to AAP members who are victims of a disaster. A disaster is defined as a "sudden occurrence which inflicts widespread catastrophic damage to a large geographic area and/or which generally affects a large number of individuals." Disasters 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 AAP member in good standing who is a victim of a disaster may apply for a disaster grant.

3. **Circumstances Determining Eligibility for Grants:** Criteria for determining eligibility of disaster grants are listed below:
   a. As a result of the disaster, the applicant must show that he or she suffered property damages.
   b. A "disaster" must be declared by a governmental agency, or be determined by the Board of Directors in accordance with the definition provided in paragraph 1 above.

4. **Evaluation of Application and Procedures for Processing:** Upon receiving the application from the applicant the AAP Foundation’s Executive Committee shall determine and attest that: (1) in its judgment, a disaster did occur under the definition provided in these Rules, (2) the disaster was declared by a governmental agency, if applicable, (3) the applicant suffered damages, and (4) the application form and certification are signed by the applicant.

   Eligibility is determined on a case-by-case basis after evaluating the applicant's loss and need. All applicants authorize the AAP Foundation to make financial inquiries as may be necessary to verify the accuracy of any of the submitted application information. The awarding of grant monies is at the sole discretion of the Board and is not a right or entitlement of the applicant.

5. **Term of Grant:** Grants for disaster assistance shall be offered only once per applicant per disaster.

6. **Amount of the Grant:** The grant for any disaster applicant shall be determined at the discretion of the Committee based on applicant needs, but shall not exceed $3,000, depending on funds available.
AMERICAN ACADEMY OF PERIODONTOLOGY FOUNDATION
737 North Michigan Avenue, Suite 800 – Chicago, IL 60611
Phone (312) 573-3256 – Fax (312) 573-3272 – bob@perio.org

GRANT APPLICATION FOR AAPF MEMBERS AFFECTED BY DISASTER

Name________________________________________________
Office Address____________________________ City, State, Zip__________________________
Home Address____________________________ City, State, Zip__________________________
Telephone (Home)_________________________ (Office)________________________________

Please provide your temporary contact information:
Address___________________________________ City, State, Zip _________________________
Telephone/Cell__________________________________________________

Briefly describe the nature and date of the disaster, and how you plan to use emergency funds.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What is the net loss on your practice facility after insurance coverage?  $______________
What is the net loss on your home after insurance coverage?    $______________

Please state your available financial resources to address the disaster, not including insurance.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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 AAP Foundation may request financial data to verify this information. I understand that the granting of such assistance is neither a right nor entitlement and that the AAP Foundation’s Board of Directors shall have sole and final discretion in determining whether I qualify for assistance.

Signed_______________________________________________________ Date______________