



**Presbytery of Tropical Florida/Hurricane Recovery  
Request for Funds—for Churches**



Check to be issued to:

Church \_\_\_\_\_ PIN \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

e-mail \_\_\_\_\_

Referred by : \_\_\_\_\_

Describe the need(s):

Estimate of needed funds: \$ \_\_\_\_\_ (a)

Other applicable resources (estimates):

Insurance \_\_\_\_\_

Other grants/sources of funds \_\_\_\_\_

total other resources \_\_\_\_\_ (b)

Net unmet needs (a) minus (b) \$ =====

(for office use)

Action by PTF Disaster Recovery Task Force \_\_\_\_\_

Check issued \_\_\_\_\_

(amount)                      (date)                      (fund)