



**Presbytery of Tropical Florida/Hurricane Recovery
Request for Funds—for Individual(s)**



Check to be issued to:

Name _____

Address _____

Phone(s) _____

e-mail _____

Referred by : _____

Relationship to PCUSA? (not required) _____

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)