



Application for Assistance

(Please type or print legibly and fill in information as completely as possible.)

Return completed form to ddarr@dfamilk.com or fax/mail to the address below.

Date												
Originator of Request (DFA Contact Person)												
Name		Phone #										
Email Address												
Applicant Information												
DFA Member	Yes	No	Member # (if applicable)									
Name of Entity Applying for Assistance												
Name of Individual(s)												
Pay to												
Address												
City	ST	Zip Code										
Phone	Fax	Email										
Connection to Dairy / Agriculture		Producer	Other (please specify)									
Description of Request (Attach additional pages if necessary.)												
Please choose one option.	Program or Project (If not, proceed to the Loss / Need section.)											
	Description of Program/Project Related to Natural Disaster or Similar Events											
	How and by whom will it be carried out?											
	Expected achievements:											
	Amount Requested:											
	Other sources from which funds have been requested and/or received, if any:											
	Loss / Need											
	Description of Loss / Need / Damage Related to Natural Disaster or Similar Events											
	Cause											
	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Hurricane</td> <td style="text-align: center;">Tornado</td> <td style="text-align: center;">Flood</td> <td style="text-align: center;">Snow/Ice</td> <td style="text-align: center;">Earthquake</td> </tr> <tr> <td colspan="2" style="text-align: center;">Fire (specify cause)</td> <td colspan="3" style="text-align: center;">Other (please specify)</td> </tr> </table>			Hurricane	Tornado	Flood	Snow/Ice	Earthquake	Fire (specify cause)		Other (please specify)	
Hurricane	Tornado	Flood	Snow/Ice	Earthquake								
Fire (specify cause)		Other (please specify)										
Total estimate of damages / loss												
Less amount covered by insurance												
Less other assistance amount(s)												
Estimated Out of Pocket Expense												
Amount Requested												
Needs other than money												
Additional information regarding this request												
Signature of Applicant												

DFA Cares Board Use Only					
Approved:	Yes	No	Comments:		
Amount or Description:	\$500	\$1,000	Other _____	Follow-Up Form Req'd?	Yes No
Letter	Check #	Ck. Del'd		Follow-Up Form Rec'd?	Yes No