



## **OKLAHOMA DENTAL RELIEF AND DISASTER GRANT PROGRAM GUIDELINES**

### **Purpose & Eligible Beneficiaries**

The purpose of the Oklahoma Dental Relief and Disaster Grant Program is to provide financial assistance to dental professionals who were affected by a natural disaster.

### **Circumstances Determining Eligibility**

Criteria for determining grant awards are listed below. Any application for a relief grant that does not meet ALL of these criteria will be denied.

- A. Applicant must show proof of damage to the dental practice facility or personal property as a result of the natural disaster.
- B. Applicant must show that property damages have caused a serious financial hardship. Eligibility is determined on a case by case basis after evaluation of the completed application.
- C. The request for an emergency relief grant must be submitted within 180 days of the date of the disaster.

### **Evaluation of Application and Processing Procedures**

- A. Application forms must be completed in entirety, signed and dated by applicant requesting the assistance. The application may be obtained from the RDGP office.
- B. All applications for Relief Fund assistance will be reviewed by the Oklahoma Dental Relief and Disaster Grant Program Board of Trustees. The applicant will be notified of the decision of the board as to the approval or denial of the request.
- C. Your privacy is important. All submitted personal and financial information will be kept confidential. It will not be shared or disseminated beyond the OK Dental Relief and Disaster Grant Program Board of Trustees.



OK Dental Relief & Disaster Grant Program

**OK DENTAL RELIEF AND DISASTER GRANT PROGRAM  
GRANT APPLICATION FOR DENTISTS AFFECTED BY DISASTER**

**(Please type or print clearly all information on this form)**

Name \_\_\_\_\_

Office Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

**Please provide your current best available contact information:**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone/Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

**Please provide the address to which you would like your Disaster Relief Grant check mailed (type or print clearly):**

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Briefly describe the nature and date of the disaster and provide details on the property damage sustained (attach additional sheet if necessary), plus at least 3-5 pictures of your damage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE DAMAGE ASSESSMENT**

Describe the extent of the damage to your office \_\_\_\_\_

\_\_\_\_\_

Amount of Damage:            Building        \$ \_\_\_\_\_  
   Equipment      \$ \_\_\_\_\_  
   Supplies        \$ \_\_\_\_\_

Do you have insurance coverage for your practice facility?     Yes     No

Name of Insurance Company \_\_\_\_\_

What is your insurance deductible amount?    \$ \_\_\_\_\_

What is the net loss after insurance coverage?    \$ \_\_\_\_\_

**HOME DAMAGE ASSESMENT**

Describe the extent of the damage to your home \_\_\_\_\_

\_\_\_\_\_

Amount of Damage:            Building        \$ \_\_\_\_\_  
   Equipment      \$ \_\_\_\_\_  
   Supplies        \$ \_\_\_\_\_

Do you have insurance coverage for your home?     Yes     No

Name of Insurance Company \_\_\_\_\_

What is your insurance deductible amount?    \$ \_\_\_\_\_

What is the net loss after insurance coverage?    \$ \_\_\_\_\_

**GENERAL**

Please provide a brief narrative summarizing your need and your intention for using any relief funds awarded to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**OKLAHOMA DENTAL RELIEF AND DISASTER GRANT PROGRAM**

Certification by the Applicant

I certify I suffered significant loss to my dental practice and/or my home and/or its contents as detailed in this application as the result of the following natural disaster: Nature of disaster: \_\_\_\_\_ Date of disaster: \_\_\_\_\_

I certify the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested in this application is grounds for immediate refusal to grant any relief from this program.

I understand that the provision of such a loan or grant is neither a right nor an entitlement and that the RDGP Board of Trustees will have the sole discretion in determining whether I qualify for financial assistance under this fund.

I understand I am obliged to provide the OK Dental Relief and Disaster Grant Program, if requested, copies of the receipts, invoices or bills of sale verifying the use of the grant proceeds for appropriate or designated purposes.

I hereby give the RDGP permission to use my photographs for publications. I understand that I will not receive any form of compensation for use of the photographs.  Yes  No

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please forward completed, signed and notarized application to the RDGP by fax or regular mail.**

**RDGP  
317 NE 13<sup>th</sup> St  
Oklahoma City, OK 73104  
Office (405) 848-8873  
Fax (405) 848-8875**

**Witness to Applicant's Natural Disaster:**

Witness Name \_\_\_\_\_

Witness Name \_\_\_\_\_

Notary Public: