

**Optometry's Fund for Disaster Relief Grant Application**

<b>Title:</b>	<b>First:</b>	<b>Last:</b>	<b>Suffix:</b>
<b>AOA Number (if applicable):</b>			
<b>Office Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Home Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Temporary Address (if applicable):</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	
<b>Email Address:</b>			

If awarded, please send check and correspondence to:  Home  Office  Temporary

Briefly describe the nature and date of the disaster (attach additional sheet and pictures if necessary):

What is the estimate of your total loss in this disaster? \$ \_\_\_\_\_

Is your loss covered by insurance? (check one)  Yes  No

If "Yes", please state the type of coverage and dollar amount(s) covered.

**Certification by Applicant**

I certify that I have suffered a loss to my optometric 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 granting of such assistance is neither a right nor entitlement and that the Optometry Cares Board of Directors shall have sole discretion in determining whether I qualify for assistance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (please print): \_\_\_\_\_

**Affirmation of American Optometric Association State Affiliate**

This is to verify that the applicant named herein is an optometrist and has suffered a disaster and that the information contained herein is true and complete to the best knowledge of the investigator. The investigator recommends emergency assistance for this applicant.

Executive Director/Designated Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director/Designated Officer Printed Name: \_\_\_\_\_

## Optometry's Fund for Disaster Relief Grant Criteria

1. **Purpose:** The purpose of disaster grants is to provide a small measure of immediate financial assistance to needy eligible beneficiaries, as defined in this section, 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 optometrist who is a victim of a disaster may apply to Optometry's Fund for Disaster Relief for a grant. Since the purpose of these grants is to give a measure of immediate or proximate assistance, all requests for such grants shall be made within 2 months of the occurrence of the disaster.
3. **Circumstances Determining Eligibility for Grants:** Criteria for determining eligibility of disaster grants are listed below. Any application for a disaster grant that does not meet all of these criteria will be denied.
  - 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 Committee in accordance with the definition provided in paragraph 1 above.
4. **Evaluation of Application and Procedures for Processing:**
  - a. The applicant may obtain an application form either from the Optometry Cares or from the AOA affiliate in the area where the applicant resides.
  - b. Upon receiving the application from the applicant the AOA affiliate 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 is signed by the applicant.
  - c. Eligibility is determined on a case-by-case basis after evaluating the applicant's loss and his/her need.
5. **Term of Grant:** Grants for disaster assistance shall be offered only once per applicant per disaster as defined in these Rules.
6. **Amount of the Grant:** The grant amount for any disaster applicant shall be determined at the discretion of the Optometry's Fund for Disaster Relief Committee based on applicant needs, but shall not exceed \$4,000, depending on funds available.

### Contact Information

Optometry's Fund for Disaster Relief  
243 N. Lindbergh Blvd.,  
St. Louis, MO 63141  
800-365-2219 ext. 4200  
314-991-4101 (FAX)  
foundation@aoa.org  
[www.aoafoundation.org](http://www.aoafoundation.org)

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.