IHERF Disaster Funds Request Form

	Date form completed:

DISASTER INFORMATION
Name of organization:
Date of disaster:
Type of disaster:
Number of employees displaced from their homes:

CONTACT INFORMATION
Name:
Job title:
Email address:

If approved and awarded by the IHERF board, IHERF will make the check payable to the hospital or its foundation. The hospital will then decide the distribution of funds to employees displaced from their homes by the disaster.

Make check to: _____

Address: _____

Contact Jennifer Nutt, Vice President, Nursing and Clinical Services, at nuttj@ihaonline.org or 515-288-1955, with questions.