

Request for Support and Equipment

Renewable Energy Disaster Relief Fund

This form is to be completed by individuals and/or organizations affected by a disaster or are responding to a disaster wishing to be supported by the Renewable Energy Disaster Relief Fund. This program is administered by the National Energy Foundation in cooperation with the Florida Solar Energy Center and Advisory Committee.

There is no cost associated with this request or from acceptance of support from the Foundation. Please review our web site (www.nef1.org) for information on the program, and then decide on your needs. Complete this form and submit it to the advisory committee via mail or fax using the information at the bottom of this form.

Name of individual requesting support: _____

Name of organization: _____

Address: _____

City: _____ State: _____ Zip/mail-code: _____

Country: _____

Phone number: () _____ Country Code: _____

Email address: _____

Your web site: _____

Purpose of your organization: _____

Type of disaster: _____ Date of disaster: _____

Number of people affected: _____ Location of disaster: _____

Describe your energy needs: _____

Solar/renewable equipment requested: _____

Name of alternative contact person _____

Do you want? Training Yes No Technical support Yes No Other: _____

Recipients of this fund will receive renewable energy equipment that fits their power needs based on an advisory committee review as defined by this program. Equipment and services are provided free of charge to qualified survivors who are without power from a disaster.

Thank you for your interest in our disaster relief program.

General information:

National Energy Foundation, www.nef1.org/disaster_relief, email: robin@nef1.org, phone: (800) 616-8326

Florida Solar Energy Center, www.energyfordisasters.org, email: young@fsec.ucf.edu, phone: (321) 638-1443

REDRF Advisory Committee, c/o Bill Young, Florida Solar Energy Center
1679 Clearlake Road, Cocoa, FL 32922-5703, fax: (321) 638-1010

[# _____ for internal use only: Received Date _____ Reviewed Approved]