

Florida Federation of Square Dancers  
**Florida Dance Hall Relief Fund**  
July 1, 2021

**PURPOSE:** The Florida Federation of Square Dancers will establish the **Florida Dance Hall Relief Fund** to financially assist caller, cuer, dancer, or vendor-owned dance halls with significant repair and maintenance or installation of equipment at their facility that is not covered by insurance.

**QUALIFICATIONS:**

- The dance hall must be owned and operated by a Florida caller, cuer, dancer, or vendor.
- Only dance halls can make requests; no clubs or individuals can make a request.
- Requests are only for damage repair resulting from natural disasters, significant maintenance type work, i.e., massive leaks, air-conditioning/heating, and sinkholes that are not covered by insurance.
- The maximum amount to be paid by the Federation is \$1,000 per incident per year.

**PROCEDURE:**

- The hall requesting assistance should complete a request form and submit it to the president of their association, stating the reason for the request. Copies of the estimate and receipt(s), if applicable, should be attached to the request form.
- The association president (or the designee) shall sign the request, indicate if they will contribute funds, and how much.
- Forward the application to the president of the Florida Federation for their discussion and approval. For this Relief Fund only, the Executive Board is authorized to approve disbursements up to \$1,000 without a vote.
- The Federation president (or the designee) signs the application, indicates if the request is approved, and the amount.
- Instruct the Federation treasurer to mail the check.



Application to Apply for Assistance from the  
Florida Federation Dance Hall Relief Fund

REQUEST DATE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

NAME OF REQUESTING HALL: \_\_\_\_\_

ADDRESS OF FACILITY: (street address, city, zip code, county)

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

REPAIRS OR INSTALLATIONS TO BE COMPLETED:

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

MAKE CHECK PAYABLE TO: \_\_\_\_\_

MAIL TO: \_\_\_\_\_  
(Street address, city, state, zip code)

APPROVED BY: \_\_\_\_\_ Association in the amount of \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED BY FLORIDA FEDERATION OF SQUARE DANCERS:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

FOR FEDERATION USE ONLY

Previous payments in this calendar year? Yes No

How much? \_\_\_\_\_

Check # \_\_\_\_\_ in the amount of \_\_\_\_\_ mailed  
to \_\_\_\_\_

on \_\_\_\_\_ (date)