



## Reimbursement of Emergency Expenses Application Instructions

### **Purpose:**

Ensure the emergency medical care of animal victims of disaster in Tennessee.

### **Awards:**

Up to \$500\* can be issued per grantee for out-of-pocket expenses, which are defined as the actual cost of medical supplies purchased directly from a vendor. Modest boarding costs may be covered. Professional/staff time, overhead costs, equipment usage fees and taxes are not reimbursable.

*\*Grant requests for funds above \$500 for medical expenses are reviewed on a case by case basis.*

### **Criteria for Eligibility:**

1. Must be a licensed veterinarian
2. Must have provided for the medical care of animal victims of the disaster listed on the application.
3. Must be a TVMA member.

### **Application Procedure:**

Applicants can request up to \$500 in grant funds. Checks **will** be payable to the person/entity named in your application.

Note that TVMF must be given permission to use the funded project for future recruitment of funds and receive acknowledgement for funding.

*\*\* If you are awarded a grant, we would like to see your photos (e-mail or USPS), for marketing purposes, but it is not mandatory.*

### **Deadline :**

Applications must be received no later than nine (9) months following the disaster.

### **Direct your questions regarding the application to:**

Tennessee Veterinary Medical  
Foundation  
931-438-0070

[tennesseevma@gmail.com](mailto:tennesseevma@gmail.com)

### **Send Completed Application via fax or mail to:**

TVMF  
19 Lacy Road  
PO Box 80 Fayetteville Tennessee 37334

[tennesseevma@gmail.com](mailto:tennesseevma@gmail.com)

Fax 931-433-6289

**Disaster Veterinary Animal Care Reimbursement Application**

Name of Applicant: - - - - -

Organization Name or Name of Veterinary Clinic Treating Animal Victims:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ \_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (required): \_\_\_\_\_

Tax Identification No: \_\_\_\_\_

Total Number of Animals Treated: \_\_\_\_\_

Amount Requested (up to \$500): \_\_\_\_\_

**Applicant Information**

New Applicant:            Yes            No

Veterinary Degree(s): \_\_\_\_\_

License(s) and state(s) where licensed as a veterinarian:

\_\_\_\_\_

Name as it should appear on the check: \_\_\_ \_ - - - - -

\_\_\_\_\_

Position: \_\_\_\_\_

Title: \_\_\_\_\_

**Payment Information**

Address for sending check:

ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_ . . Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Assurance: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I agree to accept responsibility for providing any personal reports if a grant is awarded as a result of this application.

**Check the one box that applies best to the situation:**

- The clinic has been damaged but is operational and providing assistance to affected animals
- The clinic has been damaged but a temporary facility has been established and is providing assistance to affected animals
- The clinic was not damaged and is providing assistance to affected animals
- The clinic is outside the disaster area but providing assistance to the animals
- The clinic is mobile and providing assistance to affected animals in the disaster stricken areas
- Other (please specify) \_\_\_\_\_

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