



## Disaster Application

### **Purpose:**

To provide financial assistance to veterinary clinics impacted by disaster.

### **Awards:**

Up to \$2,000 can be issued per grantee for out-of-pocket clinic expenses, which are defined for example, as the actual costs of repairs or cleaning needs due to the clinic being impacted by disaster.

### **Criteria for Eligibility:**

1. Must be a licensed veterinarian.
2. At least one owner must be a TVMA member.
3. Grants are awarded per clinic - not per veterinarian within the clinic. Only one application may be submitted per veterinary clinic. If multiple clinics owned by the same individual(s) are affected, each clinic may submit its own application.

### **Application Procedure:**

Applicants can request up to \$2,000 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 803

Fayetteville, Tennessee 37334 or

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

**Disaster Application**

Name of Applicant: \_ \_ \_ \_ \_

Organization Name or Name of Veterinary Clinic:

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

Amount Requested (up to \$2,000): \_\_\_\_\_

**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
- The clinic has been damaged and is currently not operational
- The clinic was destroyed
- Other (please specify) \_ \_ \_ \_ \_

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