



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
tvmfoundation@gmail.com

Send Completed Application via fax or mail to:

TVMF
1820 Huntsville Hwy Suite C
PO Box 803 Fayetteville Tennessee 37334
tvmfoundation@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) _____

