



Reimbursement of Emergency Expenses Application Instructions

Purpose:

Ensure the emergency medical care of animal victims of disaster.

Awards:

Currently up to \$1,000 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.

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. Preference is given to TVMA members.

Application Procedure:

Applicants can request up to \$1,000 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:

Leah Ann Tibbitts
Director, Texas Veterinary Medical Foundation
512-452-4224
ltibbitts@tvma.org
<http://www.tvmf.org>

Send Completed Application via fax or mail to:

TVMF
8104 Exchange Drive
Austin, TX 78754
Fax: 512-452-6633

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 (no more than \$1,000): _____

Applicant Information

New Applicant: ___ Yes ___ No

Veterinary Degree(s): _____

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

Check all that apply – (Priority is given to TVMA members)

- TVMA Member Number (required): _____
- I am not a TVMA Member
- Other Professional Membership - If applicable please specify:

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) _____

Please provide a short narrative explaining your involvement in providing care to animal victims of the disaster(s). Heartwarming stories are welcomed, as well as photos and video of you or your staff helping animal victim(s)! Detailed invoice of medical expenses must be attached to application for grant consideration.

Signature: _____ Date: _____