

Veterinary Relief Application Instructions



Purpose:

Restoring the veterinary infrastructure affected by disaster.

Awards:

Currently up to \$2,000 can be issued per grantee.

Criteria for eligibility:

- 1) Must apply in writing
- 2) Must be a licensed veterinarian
- 3) Must show that financial hardship exists resulting in one or more of the following:
 - a. Business and/or personal damages.
 - b. A reduction in business clientele and/or income.
 - c. An inability for income to cover mandatory expenses as a direct result of the disaster(s).

Application procedure:

Forms are available at www.avmf.org. Print a form and write clearly or type. Fill in all the boxes. Incomplete forms will be returned. If you cannot print the form, call the AVMF Grants Coordinator at 1-800-248-2862 ext. 6691 and a form will be mailed to you. Permanent residence refers to residence prior to the disaster(s) if applicant has been displaced by the disaster(s).

Request up to \$2,000 in box 6a. If the amount requested in box 6a is insufficient to cover your needs, please note the final amount that would meet your needs in box 6b and anticipate that the initial award will be no more than \$2,000. Checks will be made to the person/entity named in box 7g.

Submission Process:

Mail completed application to the AVMF office at:

American Veterinary Medical Foundation
Grants Coordinator
1931 N. Meacham Road Suite 100
Schaumburg, IL 60173

Direct questions regarding the application to:

Monique Buonincontro
Grants Coordinator
mbuonincontro@avma.org
847-285-6691



**LEAVE BLANK-
for AVMF use only**

Date received:

ID#:

Amount awarded: \$

VETERINARIAN RELIEF APPLICATION FORM

1a. STATE OF PERMANENT RESIDENCE

2. DISASTER OCCURRENCE :

3. PLACE OF EMPLOYMENT PRIOR TO DISASTER (NAME)

4a. EMPLOYMENT SITUATION PRIOR TO THE DISASTER

Full-time Part-time Temporary Unemployed

4b. Check if any benefits were part of the salary package

5. TODAY'S DATE

6a. AMOUNT REQUESTED

6b. AMOUNT NEEDED

6c. ONGOING FUNDING NEEDS AND ESTIMATED TIME FRAME

7. APPLICANT INFORMATION

7a. NAME (Last, first, middle)

7b. New Applicant Yes

No

7c. Degree(s)

7d. License(s) and state(s) where licensed

7e. Check all that apply (not mandatory):

AVMA Member Other Professional Membership please specify: _____

State VMA Member

7f. Position Title (e.g. owner, associate, etc.)

7g. Name as it should appear on the check

7h. Permanent residence information (*Street, city, state, zip code*)

8a. Address where to send check (*Name, street, city, zip code*)

7i. Telephone:

8b. Telephone:

FAX number:

FAX number:

Cell phone:

Cell phone:

e-mail address:

e-mail address:

9. 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.

Signature of Person Named in 7a. ("Per" signature not acceptable)

Date

Check all that applies to your current situation as a result of the disaster(s), and as indicated on the first page.

Building Where Employed	Employment Circumstances	Employment Situation Now	Residence Building
<input type="checkbox"/> Destroyed	<input type="checkbox"/> Lost job entirely	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Destroyed
<input type="checkbox"/> Damaged, not functional	<input type="checkbox"/> Decreased salary	<input type="checkbox"/> Temporary job	<input type="checkbox"/> Damaged, and inhabitable
<input type="checkbox"/> Damaged, but functional	<input type="checkbox"/> Decreased clientele	<input type="checkbox"/> Part-time job	<input type="checkbox"/> Damaged, but habitable
<input type="checkbox"/> Not damaged	<input type="checkbox"/> Job intact, no change in salary	<input type="checkbox"/> Full-time job	<input type="checkbox"/> Not damaged
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Benefits with salary	<input type="checkbox"/> Benefits with salary	<input type="checkbox"/> Other (please specify):
	<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Job not related to veterinary medicine	
		<input type="checkbox"/> Other (please specify):	

Check all that apply (insurance coverage not mandatory for initial consideration):

I had personal insurance prior to the disaster(s)

I had business insurance prior to the disaster(s)

For information on AVMA PLIT and GHLIT insurance claims, and for job-related inquiries, please visit www.avmf.org or www.avma.org

For other personal financial assistance, please contact the American Red Cross www.redcross.org or FEMA www.fema.gov

PLEASE DESCRIBE YOUR PERSONAL SITUATION IN THE SPACE PROVIDED BELOW. IF YOU ARE ABLE, please provide pictures and to the AVMF documenting your situation, either with this application or when able.

PLEASE CHECK BOX if the AVMF has permission to use your application in order to help raise money to aid victims like yourself in future disasters