



Disaster Reimbursement for Veterinary Care of Animals Grant Application

Instructions, Reimbursement Guidelines and Application

Purpose:

The American Veterinary Medical Foundation (AVMF) Disaster Reimbursement Grants are for the purpose of ensuring the emergency veterinary medical care of animal victims of disaster.

Awards:

Up to \$5,000 may be issued per grantee for out-of-pocket expenses incurred by veterinarians providing emergency veterinary medical care to animal victims of disasters. A disaster would include, but is not limited to, flooding, earthquakes, tornadoes, hurricanes, volcanoes, wildfires or oil spills in an area that has been declared a disaster area at the local, county, state or federal level.

The AVMF reimburses for 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. Limited funds are currently available and will be approved on a first come, first served basis.

Please note -- the AVMF does NOT normally reimburse for expenses which should be reimbursed through the PETS Act. For information on the PETS Act see the PETS Act FAQ on the AVMA website www.avma.org.

Criteria for Eligibility:

- 1) Must be a licensed veterinarian and member of the American Veterinary Medical Association.
- 2) Must have provided for the veterinary medical care of animal victims of the disaster listed on the application.
- 3) Applicant may not have received any disbursement from AVMF for disaster reimbursement within 24 months prior to the submission of the current application.
- 4) Applicant may not have previously received any disaster disbursement from the AVMF for the same disaster.
- 5) 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 and more than one clinic provided emergency medical care, each clinic may submit its own application.

Application Procedure:

The application must be completed in its entirety with all supplemental materials attached and emailed to Patti Gillespie, Senior Manager of Programs and Operations, pgillespie@avma.org.

You will be contacted if your application is not complete. No decision will be reached on an application until all requested information has been provided.

Applicants can request up to \$5,000 in grant funds. Checks will be payable to the person/entity named in your application.

Applicant agrees to allow AVMF to use the information on this application for future solicitation of funds. No personal financial information will be disclosed. AVMF should receive acknowledgement for funding.

Application Approval:

- 1) All Disaster Reimbursement Grant applications received by the AVMF will be reviewed and the applicant will be notified within 60 days of application.
- 2) If the application is approved for funding, the applicant agrees to submit a written report on how the funding impacted their practice within 60 days of receipt of funds.
- 3) Applications should include digital photos if possible.

Deadline:

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

Direct your questions regarding the application to Patti Gillespie by email at pgillespie@avma.org or by telephone at 847-285-6709.

Before submitting, have you completed the following?

- 2-page Application
- Signed Applicant Assurance
- Reimbursement Worksheet using AVMF Reimbursement Rates
- One-Page Narrative
- Photographs (if available)

STEP ONE: APPLICANT INFORMATION

Name of AVMA Member:

Organization Name or Name of Veterinary Clinic providing treatment:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Tax Identification Number:

Total Number of Animals Treated:

Amount Requested (must not exceed \$5,000):

Have you previously received funds from another organization regarding this disaster?

Yes No

If yes, please explain (include type and date of funding):

AVMA Member Number (required):

Name as it should appear on award check:

Payment Information

Send check to same as address as above:

Yes No

Name of check recipient:

Address for check recipient:

City:

State:

Zip Code:

STEP TWO: APPLICANT ASSURANCE

I certify 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.

I agree to allow the AVMF to use my name and information contained in this application for future solicitation of funds. I also agree to acknowledge the AVMF for any funds granted. No financial information will be disclosed.

Was the incident declared a disaster by any level of government, including county, state or federal?

Yes No

If yes, are you eligible for disaster reimbursement under the PETS Act?

Yes No

Were you serving as part of the official response (and in what capacity) to a county, state or federal disaster?

Yes No

If yes, please explain:

Signature _____

Date _____

STEP THREE: COMPLETE REIMBURSEMENT WORKSHEET

Practice Name:

Date:

Name of Disaster:

Date of Disaster:

The reimbursement worksheet below must be completed as part of your application.

THE AVMF WILL ONLY REIMBURSE EXPENSES BASED ON THE RATES LISTED IN THE CHART.

You should use the actual cost of any drugs or supplies used (such as bandage materials) and not include any additional price mark-ups. Include details as to how many of each species of animal you helped, the type of care provided and how long animals were boarded.

Please Note: Reimbursable expenses are limited to those outlined below and include sheltering/hospitalization of animals for up to 14 days and medical and surgical care to stabilize animals impacted by a disaster.

Excluded expenses include: collars, tags, pet food, heartworm testing, heartworm treatment, elective surgery (spay, neuter) etc. Professional/staff time, overhead costs, equipment usage fees and taxes are not reimbursable.

Item	Number Cats/Small Pets	AVMF Rate	Number Dogs	AVMF Rate	Number Large Animals	AVMF Rate	Total # Animals	Total \$
Sheltering/hospitalization**								
Rescue/Unclaimed		\$7/day		\$15/day		\$20/day		
Owned, unable to pay		\$7/day		\$15/day		\$20/day		
Minor Surgery		\$15		\$35		\$50		
Major Surgery		\$35		\$50		\$60		
Catheter Placement		\$10		\$10		\$10		
Urinalysis		\$10		\$10		\$10		
Dispensed Drugs/Supplies		Actual Cost		Actual Cost		Actual Cost		
Blood Chemistry Profile		\$20		\$20		\$20		
Cytology		\$10		\$10		\$10		
Fecal Exam		\$7		\$7		\$7		
Misc. Laboratory Work		Actual Cost up to \$30 per animal		Actual Cost up to \$30 per animal		Actual Cost up to \$30 per animal		
Radiographs		\$30		\$30		\$30		
Ultrasound		\$25		\$25		\$25		
Fluids		\$10		\$10		\$10		
Total Reimbursement								

*e.g. horses and livestock **Boarding of an individual animal may be reimbursed for a maximum length of 2 weeks.

STEP FOUR: SHARE YOUR PERSONAL STORY

Please provide a one-page narrative, which includes the following:

- Details of the disaster and how the hospital and community were impacted
- Specifics on the services provided to the animals including any emergency surgeries and other medical procedures.
- Classification of the animals assisted – were they owned by clients and other individuals affected by the disaster or stray animals brought to the hospital by rescue workers and Good Samaritans?