

GRANT OPERATING PROCEDURES
OF
DR. WALTER J. ERNST, JR. VETERINARY MEMORIAL FOUNDATION
A NON-PROFIT CORPORATION

The procedures under which the Dr. Walter J. Ernst, Jr. Veterinary Memorial Foundation, a Non-Profit Corporation (the "Foundation") will issue grants and pledge assets as collateral for loans to provide disaster relief are set forth as follows:

- I. Grant Application.** All individuals or entities seeking charitable grants (the "Applicant") from the Foundation must complete a grant application (the "Grant Application"). The Grant Application, with instructions, is attached as Exhibit "A". All veterinarians and their employees from the areas affected by natural disasters (the "Affected Areas"), and veterinarians who provide relief to animals from or in the Affected Areas are eligible for grants.
- II. Application Process.** To ensure that Applicant's Grant Application is considered on a non-discriminatory basis, the Foundation will log in Applicant's request, assign Applicant's Grant Application a number, and submit the Grant Application to the Foundation's selection committee (the "Selection Committee") on an anonymous basis. The Foundation Board of Trustees or their designees will serve as the Selection Committee.

After a thorough review, the Selection Committee will authorize grants and/or collateral pledges to secure loans to serve the following purposes:

1. Animal relief, including necessary care for animals at the shelters with which the Louisiana Association is affiliated and necessary care for animals from the Affected Areas whose owners lack the means to pay for such care.
2. Relief to veterinarians and their staff members based on need.
3. Relief to veterinarians and their staff members on an emergency or hardship basis.
4. Relief to veterinarians and their staff members to combat community deterioration or lessen the burdens of government by supporting skilled veterinarians and their employees in Affected Areas to ensure they remain in the Affected Area.

There is a separate section on the Grant Application for each of the purposes above. Please complete only those sections which are applicable for you and for which you are requesting assistance.

All distributions from the Foundation shall be made at such times, in such amounts and in such ways, all in furtherance of the purposes of the Foundation. Distributions may be made directly by the Foundation to Applicant for these purposes or by contributions to other tax exempt organizations for such purpose.

- III. Grant Acceptance.** Should the Foundation elect to make a distribution to Applicant, Applicant shall enter into a grant agreement with the Foundation wherein Applicant shall represent to the Foundation that the grant funds will be used solely in accordance with the statements regarding use of the proceeds made in Applicant's Grant Application. Applicant will be required to permit the Foundation open access to Applicant's financial records and offices to evaluate whether grant funds are being used for the charitable purposes for which the funds were intended.

DISASTER RELIEF GRANT APPLICATION

APPLICATION NUMBER ASSIGNED BY SELECTION COMMITTEE # _____

Instructions: Please write or type clearly. If we have trouble reading your request, review of the request may be delayed. If there is absolutely no other means to fill out the form and submit as instructed, call the Foundation at 1-800-524-2996 to complete the form over the phone. Please complete ALL sections that apply.

APPLICANT INFORMATION

TYPE OF APPLICANT: INDIVIDUAL BUSINESS NON-PROFIT ORGANIZATION

NAME: _____

(LAST, FIRST, MI – IF INDIVIDUAL)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARISH: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL ADDRESS: _____

IF VETERINARIAN, LICENSE(S) AND STATE(S) WHERE LICENSED: _____

NAME AS IT SHOULD APPEAR ON CHECK: _____

The information contained below is true and accurate to the best of my knowledge and belief. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.

SIGNATURE OF APPLICANT _____

THIS PORTION WILL BE DETACHED BY THE SELECTION COMMITTEE PRIOR TO SUBMISSION TO THE SELECTION COMMITTEE

LOCATED IN DISASTER AREA: YES NO APPLICATION NO. _____

ASSIGNED BY SELECTION COMMITTEE

BACKGROUND INFORMATION

VETERINARIAN: YES NO

VETERINARIAN STAFF: YES NO

ANIMAL OWNER: YES NO

GENERAL DESCRIPTION

PROVIDE A GENERAL DESCRIPTION OF THE NATURE AND PURPOSE OF THE REQUEST: __

ANIMAL MEDICAL CARE REIMBURSEMENT SECTION

COMPLETE THIS SECTION ONLY IF YOUR REQUEST RELATES TO A GRANT FOR REIMBURSEMENT OF EXPENSES INCURRED TO ADMINISTER GRATUITOUS ANIMAL MEDICAL CARE.

DESCRIBE TYPE OF ASSISTANCE PROVIDED AND INJURIES TYPICAL OF THE PATIENTS SEEN: _____

LENGTH OF TIME SPENT CARING FOR ANIMAL(S): _____

REASONABLE ESTIMATE OF EXPENSES INCURRED: \$ _____
(ATTACH DOCUMENTATION TO SUPPORT EXPENSES INCURRED)

AMOUNT OF GRANT REQUEST: \$ _____



HUMANITARIAN AID SECTION

COMPLETE THIS SECTION ONLY IF YOUR REQUEST IS BASED ON FINANCIAL NEED.

Describe the cause and extent of your losses as a result of a disaster and the general condition of your clinic (e.g., physical, customers, extraordinary costs, revenues, etc.):

Describe how you intend to use the proceeds of the grant:

REASONABLE ESTIMATE OF LOSSES INCURRED: \$ _____

AMOUNT OF LOSS COVERED BY INSURANCE OR OTHER SOURCES: \$ _____

AMOUNT OF GRANT REQUEST: \$ _____

ANNUAL INCOME \$ _____

PLEASE ATTACH COPIES OF THE PAST THREE (3) YEARS FINANCIAL STATEMENTS AND TAX RETURNS.



EMERGENCY HARDSHIP SECTION

COMPLETE THIS SECTION TO APPLY FOR A GRANT FOR EMERGENCY FOOD, CLOTHING OR SHELTER. COMPLETE THIS SECTION ONLY IF YOU LIVE IN THE AFFECTED AREAS:

Describe the cause and extent of the loss to you and your dependent family's personal items (e.g., clothing, toiletries or medicine). Describe the type of aid you are requesting for temporary living expenses for yourself and your dependent family in the form of housing, childcare, medical expenses, food, basic clothing and educational expenses, and the number of months for which you are requesting aid.

REASONABLE ESTIMATE OF EXPENSES INCURRED: \$ _____

AMOUNT OF LOSS COVERED BY INSURANCE OR OTHER SOURCES: \$ _____

AMOUNT OF GRANT REQUEST: \$ _____



COMMUNITY DETERIORATION SECTION

COMPLETE THIS SECTION ONLY IF YOUR REQUEST IS TO SUPPORT VETERINARIANS AND THEIR STAFF MEMBERS TO COMBAT COMMUNITY DETERIORATION OR LESSEN THE BURDENS OF GOVERNMENT BY SUPPORTING SKILLED VETERINARIANS AND THEIR EMPLOYEES IN AREAS AFFECTED BY A DISASTER TO ENSURE THEY REMAIN IN THE AFFECTED AREA.

“Combat Community Deterioration” refers to actions that help re-establish or ensure sufficient availability of veterinary services to a community or area. “Lessen the Burdens of Government” refers to reducing the burden ON government by providing assistance that the government may otherwise be obliged to provide or by providing assistance that reduces the level of action required by government. This may include assistance to veterinarians to re-open clinics or to veterinarians or support staff to allow them to continue to reside in a disaster area to provide services to animals.

Describe the nature of your practice (e.g., number of employees, annual payroll, number of patients seen, etc.):

Indicate the location of your practice and describe the availability of alternatives for animal medical treatment in your area:

Describe how you intend to use the proceeds of the grant and why this grant is necessary to ensure your practice remains in the area:

AMOUNT OF GRANT REQUEST: \$ _____

AND/OR

AMOUNT OF LOAN REQUEST: \$ _____

APPLICATION NUMBER
ASSIGNED BY SELECTION
COMMITTEE

GRANT AGREEMENT

This Grant Agreement (the "Agreement") is made and entered into this ____ day of _____, 200____, by and between Dr. Walter J. Ernst, Jr. Veterinary Memorial Foundation, a Non-Profit Corporation (the "Foundation"), a Louisiana non-profit corporation, and _____ (the "Applicant"), who agree as follows:

Whereas, Applicant has requested a grant from the Foundation for the purposes as described in Applicant's Grant Application;

Whereas, the Foundation has decided to grant Applicant a certain amount of funds (the "Award") pursuant to its Grant Operating Procedures based on its review of Applicant's Grant Application;

Whereas, Applicant desires to use such Award for the purposes described in its Grant Application;

NOW, THEREFORE, the above recitals being made a part of this Agreement, the Foundation and Applicant agree as follows:

1. **Representations.** Applicant represents and warrants to solely use the Award as designated in its Grant Application. Applicant provides further assurance to the Foundation that any use of the Award not in accordance with the Grant Application shall be returned to the Foundation.
2. **Open Access.** Applicant grants the Foundation open access to its financial records to evaluate whether the Award is being used as indicated in Applicant's Grant Application.

Applicant:

**Dr. Walter J. Ernst, Jr. Veterinary
Memorial Foundation, a Non-
Profit Corporation**

By: _____

Name: _____

By: _____

Name: _____