



Disaster Relief Fund Application

Criteria for granting of assistance to affected centers:

- PATH Intl. will provide funding relief to PATH Intl.'s affected member centers that have experienced loss caused by natural or man made disasters. Disasters within the scope of the PATH Intl. Disaster Relief Fund are those natural occurrences (e.g., hurricane, earthquake, tornado, flood, fire, drought) or negligent, intentional or criminal acts of man, that cause catastrophic loss having a direct and substantial adverse financial impact on a PATH Intl. Center in good standing. A federal or state disaster declaration is dispositive proof that a disaster has occurred within a defined geographic area.
- Allocation of funds will be determined based on the number of applications submitted, the degree of need described and the amount of available funds. Complete and thorough information is essential.
- Funding will be based on a center's undue hardship, loss of revenue, and expenses over and above insurance relief.
- Centers must have been a PATH Intl. member in good standing on the date of the disaster event.
- In order to meet needs promptly, please provide your initial request, with the application provided, as soon as possible.
- Due to many anticipated requests, please provide PATH Intl. with a financial summary of how the funding will be allocated and for what purposes the funding was used after the receipt of funds. Documentation (receipts, invoices, etc.) are required. Funding will be provided to any member center of PATH Intl. that has been affected by disasters, regardless of their for-profit or non-profit status.

Only complete applications will be considered for funding. Questions are streamlined so the process of reviewing the application can be completed quickly. Your cooperation is greatly appreciated.

Sincerely,

PATH Intl. Disaster Relief Fund Committee

PATH Intl. Disaster Relief Fund Application

Please complete one application for each location for which funding is requested.

Center Name: _____ PATH Intl. Member ID: _____

Address: _____

City: _____, State: _____ Zip: _____

Contact Person: _____

Email address: _____

Phone number(s): _____

Please type or print the following information:

- Secondary contact information
- Please list the preferred method of communication (i.e.; phone, email, US Postal Service)
- What event precipitated your need for funding and on what date did it occur?
- For how long has your center provided services?
- How long has your center been a PATH Intl. member?

Financial Impact:

- What was the total loss from the disaster?
- What was your center's budgeted revenue and expenses for your past fiscal year? Did you achieve your center's budget? If not, what were the variances?
- What is your center's budgeted revenue and expenses for your current fiscal year?
- Were you on track to achieve your center's budget for the current fiscal year?
- What financial impact (revenue and/or expenses) will this event have on your budget for the current fiscal year?
- What short and long term strategies have you adopted to help your center recover?
- If you are not currently providing services, when do you expect to resume your programming?

Service Impact

- How many participants was your center serving prior to this event?
- How many participants is your center serving after this event?
- How many participants did your center serve during the same time frame last year?
- What level of insurance do you carry, and what amount has your center claimed and been reimbursed? Will you receive additional amounts? For how long?
- Please share any additional information you feel is relevant to your center's application for disaster relief funds.

The following items are eligible expenses for the purposes of this grant. Please rank your funding needs (top priority = 1) and assign a request amount to each:

ITEM	RANK	AMOUNT REQUESTED
Horse health and/or well-being		
Feed/hay	_____	_____
Veterinary	_____	_____
Farrier	_____	_____
Supplements	_____	_____
Meds	_____	_____
Rent/mortgage	_____	_____
Utilities	_____	_____
Employee Compensation	_____	_____
Other (please explain): _____ _____	_____	_____
Less Insurance Reimbursement (actual or adjuster's estimates)		_____
TOTAL requested		_____

If funding is granted, do you agree to provide, no later than 3 months after dollars have been awarded, a financial accounting and written report of the disbursement of these funds?

Yes No

Note: Dollars awarded will be directly deposited into your center's bank account. In order to receive any dollars awarded, please provide the account name, routing number and account number as well as a bank contact person.

FOR INTERNAL USE ONLY

Final report received: _____ / _____ / _____

Copy placed in center file: _____ / _____ / _____