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. Loses due to illness and/or disease are not the intended purposes of the Disaster Relief Fund and are presumed to fall outside the scope of the fund.

- 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. Due to limited funding, monies allocated from PATH Intl. may not be enough to fully cover losses. Below are a list of organizations and the resources that they offer.
  - The Foundation for the Horse offers funding
  - The United Horse Coalition maintains a list of a services that may be used in the cases of a natural disaster

- 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. And must continue to be in good standing on the date of the award.

- In order to meet needs promptly, please provide your initial request, with the application provided, as soon as possible. Applications must be submitted within 6 months of the events unless there are documented extenuating circumstances.

- 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.) including photographs is required.

- The for-profit or non-profit status of the member center will not be a consideration when reviewing request for relief funds.

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 legibly 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?

• 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?

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?

• Please share any additional information you feel is relevant to your center’s application for disaster relief funds.

• If you are not currently providing services, when do you expect to resume your programming? Please submit your plan along with other documentation.
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:

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<thead>
<tr>
<th>ITEM</th>
<th>RANK</th>
<th>AMOUNT REQUESTED</th>
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<tbody>
<tr>
<td>Horse health and/or well-being</td>
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<td>Feed/hay</td>
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<td>Veterinary</td>
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<td>Farrier</td>
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<td>Supplements</td>
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<td>Meds</td>
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<td>Rent/mortgage</td>
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<td>Utilities</td>
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<td>Employee Compensation</td>
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<td>Other (please explain):</td>
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<td>Less Insurance Reimbursement (actual or adjuster’s estimates)</td>
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<td><strong>TOTAL requested</strong></td>
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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 your bank contact person.

Note: Please also notify your Region Representative that you are submitting a Disaster Relief Fund Application. Contact information for your Region Rep. can be found on the PATH Intl. website under “My Region.”

If funding is granted, do you agree to continue as a PAHT Intl. member center in good standing for at least the next membership cycle beyond the one in which funding awarded, as long as your center is in operation? Yes no

Submit this form and all documentation to: kbranum@pathintl.org.
FOR INTERNAL USE ONLY

Final report received:  ____/____/____

Copy placed in center file:  ____/____/____