FUNCTIONAL DOG COLLABORATIVE

Application for Emergency Assistance

The FDC Emergency Assistance Fund ("Fund") provides financial assistance to eligible ethical dog breeders experiencing an unexpected veterinary or other breeding-related expense that creates a financial hardship.

Assistance may be provided as an **interest-free loan, grant, or combination of a loan and grant**, subject to Fund availability and the Organization's eligibility requirements.

Please complete all applicable sections. Incomplete applications may delay consideration.

PART I — APPLICANT INFORMATION

Applicant Name:

Kennel/Breeding Program Name:

Address:

Telephone: _____

Email: _____

Business name and type (Sole Proprietor, DBA, Partnership, LLC, Corporation), if applicable:

If applying on behalf of an entity, identify the person responsible for the application and any other decision-makers involved:

Name: _____

Title/Role: _____

Other responsible individuals: _____

PART II — DOG(S) REQUIRING CARE

Dog's Name: If the expense is for a litter, give the litter's name and leave sex blank.

Breed/mix/other identifying traits: _____

Age: _____

Sex: __Male __Female

Is the dog currently pregnant? __Yes __No

Describe the dog's/dogs' role in your breeding program:

How long have you owned or had responsibility for the dog?_____

PART III — VETERINARY/OTHER EMERGENCY

Describe the emergency, medical or other condition or circumstances.

Please provide enough information for the Fund Committee to understand the nature and urgency of the situation, including the date of the emergency or onset of the condition, any treatment that has been recommended, whether and when treatment was begun, or other circumstances that led to an unforeseeable expense.

Name of Veterinarian or Practice, if applicable: _____

Telephone: _____

Address:_____

PART IV — FINANCIAL HARDSHIP

The Fund is intended to assist breeders who have experienced an unexpected expense that creates a financial hardship. This section is intended to allow the Fund Committee to evaluate financial hardship. The Organization does not require applicants to disclose more information than reasonably necessary to evaluate the request.

Amount of expense

Estimated or actual total expense: $_____

Amount already paid by Applicant: $_____

Amount currently owed: $_____

You may submit supporting documentation, including estimates, bills, treatment plans, etc.

Briefly explain why this veterinary expense creates a financial hardship for you.

_____

_____

_____

_____

_____

_____

_____

_____

What amount can you reasonably contribute toward the expense?

$_____

PART V — REQUESTED ASSISTANCE

Please indicate the type of assistance you are requesting. You may request either a grant or a loan, or a combination.

Amount requested as a grant, if applicable:

$_____

Amount requested as a loan, if applicable:

$_____

If requesting a loan, what repayment period would be manageable for you?

- ☐ 12 months
- ☐ 24 months
- ☐ 36 months
- ☐ 48 months
- ☐ 60 months
- ☐ Other: _____

Preferred monthly payment, if known:

$_____

If you are requesting a loan, explain how you expect to repay it.

Online fundraising is encouraged and if accepted for a loan, donations may be directed to FDC for repayment. Please include any fundraising, crowdfunding and any other anticipated sources of assistance:

_____

_____

_____

_____

PART VII — OTHER RELEVANT INFORMATION

Please provide any additional information that you believe the Fund Committee should consider. For example, you may describe:

- The circumstances that caused the emergency;
- Other extraordinary financial circumstances;
- Previous veterinary expenses;
- Other resources you have attempted to access; or
- Any circumstances that would make repayment particularly difficult.

_____

_____

_____

_____

_____

Have you ever been the subject of a substantiated complaint concerning animal welfare or unethical breeding practices?

__No __Yes. If yes, please explain:

_____

_____

APPLICANT CERTIFICATION

I certify that:

1. The information contained in this application is true and accurate to the best of my knowledge.
2. I have disclosed all material information relevant to my request for assistance.
3. The veterinary or other expenses described in this application are genuine and relate to the dog identified in this application.
4. I will use any funds provided by the Fund only for the approved expenses.
5. I understand that submission of an application does not guarantee assistance.
6. I understand that assistance is subject to the availability of Fund resources and the Organization's eligibility requirements.
7. I understand that an interest-free loan must be repaid according to the terms established by the Organization unless the Organization subsequently modifies or forgives the loan in writing, and that I will be required to sign and abide by a contract and that I may be held legally responsible if I fail to repay the loan.
8. I agree to notify the Organization if I receive reimbursement from insurance, fundraising, or another source for expenses paid with Fund proceeds.
9. I authorize the Organization to verify information contained in this application as reasonably necessary to administer the Fund.
10. I understand that providing materially false information may result in denial of assistance or, if assistance has already been provided, a requirement to return the funds.

Applicant Signature: _____

Printed Name: _____

Date: _____

FOR FUND COMMITTEE USE ONLY

Application Review

Date Received: _____

Reviewer(s): _____

Eligibility

- ☐ Applicant meets eligibility requirements
- ☐ Applicant does not meet eligibility requirements
- ☐ Additional information required

Veterinary or Other Expense

- ☐ Eligible expense
- ☐ Not eligible
- ☐ Additional information required

Financial Need

- ☐ Demonstrated
- ☐ Not demonstrated
- ☐ Additional information required

FUND COMMITTEE DECISION

Decision

- ☐ Approved
- ☐ Denied
- ☐ Pending additional information

Approved Grant Amount: $_____

Approved Loan Amount: $_____

Total Assistance: $_____

Loan Term: _____ months

Monthly Payment: $_____

First Payment Due: _____

Conditions of Approval

DISBURSEMENT

Loan Agreement Executed Date: _____

Date Funds Disbursed: _____

Amount Disbursed: $_____

Paid To:

- ☐ Applicant
- ☐ Veterinary Practice
- ☐ Other: _____

Check/Transaction Number: _____

Additional Notes: