



Florida Veterinary Medical Association Foundation

LEAVE BLANK - FOR FVMA USE ONLY

Date Received:

ID #

Amount Awarded:

Executive Director

Approval:

FVMA FOUNDATION GRANT APPLICATION

Effective January 1, 2009

APPLICANT INFORMATION

1. Name: _____ Title: _____

2. Address: _____

3. Name of Animal Clinic/Hospital: _____

4. Phone Number: _____ 5. Fax Number: _____

6. E-mail Address: _____ 7. DVM License Number: _____

REASON/PROJECT FOR GRANT REQUEST

Please be as detailed as possible in explaining the request for the grant. Specify how the grant will be used, how it meets the Foundation grant requirements.

8. Maximum Grant Amount: \$5,000.00 9. Amount Requested: _____

10. Time of Expected Completion: _____ 11. Other Funding Sources: _____

12. Name as it should appear on check: _____

13. Address where to send check: _____

14. Applicant Assurance: I certify that 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.

15. Signature of Applicant: (Per signature not acceptable) _____ Date: _____