CVMF
HELPING PEOPLE HELPING ANIMALS
Chicago Veterinary Medical Foundation

GRANT APPLICATION

Please specify the type of grant for which you are applying:

☐ **Urgent Care Fund** (General Fund) – When your client cannot fully pay for their pet's emergency care, CVMF can grant up to $1,000 toward that pet's needed treatment.

☐ **Helping Pets Fund** (Hospital Donation Fund) – Funds are available to be withdrawn/used for hospital charity cases. There is no limit to the funds requested, up to the available funds in account.

Please review the CVMF Guidelines for Grant Seekers (required CVMA MEMBER) to determine your hospital's eligibility ***before*** applying for a grant. Once eligibility requirements are met, please complete this application in full. CVMF will make every effort to notify the veterinary practice of application status within 3 business days of receipt of a completed application. **Grant applications must be received by the CVMF no later than three weeks following initial treatment.** Overdue applications will not be considered.

HOSPITAL INFORMATION

Hospital: _____ Date of Application: _____

Hospital Contact Name: _____ Hospital Phone: _____

CVMA Member Name: _____ Hospital Fax: _____

Client Name: _____ Client Email: _____

CLIENT ELIGIBILITY

Please select the appropriate category *(see **Grant Seeker Guidelines** for full descriptions of each category)*:

☐ **Documented Financial Hardship:** Documentation providing proof of current participation in the selected government assistance program must accompany application. Generally, this is an approval letter that includes the dates for which benefits will be issued.

_____ Supplemental Security Income _____ Temporary Assistance for Needy Families (TANF)

_____ Medicaid _____ Food Stamps or Unemployment

☐ **Temporary Financial Hardship:** Provide a brief statement from the pet owner and **signed by them** that they require financial assistance to proceed with necessary medical care. (No request for third party supporting documentation)

PATIENT INFORMATION

Patient Name: _____ ☐ Dog ☐ Cat ☐ Other *(Please specify):* _____

Breed (if appropriate): _____Gender: _____ Age of Patient: _____

Presenting Complaint: _____ Treatment Date: _____

Diagnosis: _____

_____

_____

Treatment: _____

_____

_____

Please attach supporting documentation if more space is needed.

Estimated Cost of Treatment: $ _____

Amount to be paid by client: $ _____

Amount of funding requested: $ _____

A detailed cost estimate or invoice showing all required treatment and fees must also accompany this application submittal.

I understand that the CVMA and CVMF assume no liability and make no assurances as to the quality or outcome of any medical diagnoses, treatments, products or services. No guarantee of grant funding should be assumed unless the application has been approved.

Veterinarian Signature: _____

If you have questions, please email them to admin@chicagovmf.org or call (630) 568-9760. Please submit your completed application and supporting documentation by fax: (630) 325-4043, or by mail:

CVMF
Attn: Grant Application Review Desk
100 Tower Drive, Suite 234
Burr Ridge, IL 60527

Thank you for helping pets in need!