



Application for Assistance - Alberta Equine Partners for the Herd

120, 251 Midpark Blvd SE, Calgary, AB T2X 1S3
Phone: 403.253.4411 • Toll Free: 1.877.463.6233
Fax: 403.252.5260 • info@albertaequestrian.com
albertaequestrian.com

Application Process

Alberta Equine Partners for the Herd will only assist with covering certain expenses directly related to immediate needs of equine care. The Alberta Equestrian Federation (AEF) and industry partners encourage you to review the [Provincial Government](https://www.alberta.ca/sme-relaunch-grant.aspx) and [Federal Government](https://www.canada.ca/en/department-finance/economic-response-plan.html) support funding programs.

Applications may only be submitted once and by one applicant; deadline to receive applications is January 11, 2021. Applicants will receive confirmation that their application has been received – this does not indicate the application has been approved. Approved applicants will be notified via email or phone (where email does not exist), prior to January 30, 2021.

Application Requirements

- A fully completed application; signed, true and accurate
 - Please explain your needs in detail - add extra pages as required.
- One (1) **LETTER OF REQUEST** from yourself expressing your need for care for your equine(s); stressing current situation, financial need, etc. If you are unable to provide this letter, a family member may write it.

If your application is approved, you understand that the Alberta Equine Partners for the Herd initiative may not be able to fund all items/services requested.

I, the applicant, Understand

Please complete the below application information:

Are you a: Business Not-for-Profit Individual Owner of Equines

APPLICANT INFORMATION (*required)			
*Applicant Name (First, Last): _____			
*Address: _____			
*City/Town: _____	*Prov./Terr.: _____	*Postal Code: _____	
*Email: _____	*Phone Number: _____		
*Name of Veterinarian (First, Last): _____			
*Veterinarian Phone Number: _____			
*Veterinarian Email: _____			
<i>Please note that veterinarians will be contacted if applying for veterinary care.</i>			
*Are you currently employed or have a regular source of income (e.g., pension)?:	YES	NO	
*If yes to employed, please indicate:	Full-time	Part-time	Reduced Hours
	Other (please specify): _____		
*If not employed or hours of work reduced, is this due to COVID-19?:	YES	NO	
*Are you an AEF Member (note: it is NOT required to be an AEF member to apply)?:	YES	NO	
*If you are not an AEF member – would you like to receive information via email about the AEF, membership and Electronic Community Updates?:	YES	NOT AT THIS TIME	

EQUINE INFORMATION

What are you applying for? Check all that apply:

- Supplies (bagged feed, shavings, salt and minerals)
- Veterinarian care

Number of personally owned equines in your care: _____

Are the personally owned equines on your property or boarded at a facility?: _____

If boarded, is bagged feed included in the boarding fees? YES NO

Name(s), breed(s) and age(s) of your equines in need of support:

Have you previously received any funds from other COVID relief fundraising efforts or provincial/federal relief funds?: YES NO

Have you applied for any funds from other COVID relief fundraising efforts or provincial/federal relief funds?: YES NO

SHAVINGS NEEDS (if applying for shavings):

When will you run out of shavings?: _____

Amount required (up to 3 months - be specific): _____

BAGGED FEED NEEDS (if applying for bagged feed):

When will you run out of bagged feed?: _____

Amount required (up to 3 months - be specific): _____

SALT and/or MINERAL NEEDS (if applying for salt and/or minerals):

When will you run out of salt and/or minerals?: _____

Amount required (up to 3 months - be specific): _____

VETERINARY NEEDS (if applying for veterinary care):

Do you require immediate veterinary care?: YES NO

If Yes, please provide a detailed explanation and cost:

APPLICANT CHECKLIST

I have completed this application in full;

I have completed One (1) **LETTER OF REQUEST** expressing my need for care for my equine(s) - written by myself or a family member - LETTER OF REQUEST was completed by using provided template;

I have signed the applicant declaration.

APPLICANT DECLARATION

I hereby attest that the information included and provided in this application is true and accurate to the best of my knowledge. I understand that a fraudulent application for the use of publicly-raised funds will be subject to repercussions ranging from withdrawal of ongoing funding, repayment of funds already disbursed, or legal action taken. I understand my Application and Letter of Request will be held in confidence as per Alberta Equestrian Federation's (AEF's) [Privacy Policy](https://www.albertaequestrian.com/privacy-policy/) (https://www.albertaequestrian.com/privacy-policy/).

Applicant Signature: _____

Applicant Name (print): _____

Date: _____

SUBMITTING YOUR APPLICATION - Submit only once

By Email:

Send a saved or scanned copy of your application with the subject line:

"Application - First Name, Last Name" to info@albertaequestrian.com

*please include your LETTER OF REQUEST with your application (see next page for template)

By Fax:

Send a copy of your application and Letter of Request to FAX# 403.252.5260

By Mail:

Send a copy of your application and Letter of Request to:

Alberta Equestrian Federation

120, 215 Midpark Blvd SE

Calgary, AB T2X 1S3

Attn: Application - Alberta Equine Partners for the Herd

LETTER OF REQUEST - One (1) page max

LETTER OF REQUEST from yourself expressing your need for care for your equine(s); stressing current situation, financial need, etc. If you are unable to provide this letter, a family member may write it. Please use this template - one (1) page maximum length.

APPLICANT SIGNATURE

*Applicant Name - please print (First, Last): _____
*Applicant Signature: _____
*Date: _____

APPLICANT FAMILY MEMBER SIGNATURE (if applicable)

*Applicant Family Member Name - please print (First, Last): _____
*Applicant Family Member Signature: _____
*Date: _____

*****PLEASE COMPLETE LETTER OF REQUEST ON PAGE 2.*****

APPLICATION MUST BE RECEIVED BY JANUARY 11, 2021

SUBMITTING YOUR APPLICATION - Submit only once

By Email:

Send a saved or scanned copy of your application with the subject line:
"Application - First Name, Last Name" to info@albertaequestrian.com
*please include your LETTER OF REQUEST with your application

By Fax:

Send a copy of your application and Letter of Request to FAX# 403.252.5260

By Mail:

Send a copy of your application and Application & Letter of Request to:
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Letter of Request - Alberta Equine Partners for the Herd

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LETTER OF REQUEST - One (1) page max