**Trimmer Assistance Program (TAP) Policy**

Date Established: July 2002

Amended: 2011

Dissolved: 2015

Reinstated:

**MISSION**

To help our fellow hoof trimmers in time of need (i.e. accidents, unforeseen health problems); to offer financial assistance for HTA Member trimmers for injury due to accident while performing in a professional capacity or in debilitating health issues for a period or illness greater than fourteen days.

**OBJECTIVES**

To facilitate resources in order to sustain the injured (or incapacitated HTA member) and family by offering interim financial and labor assistance which will help maintain customer base and proper hoof health care until the trimmer is able to return to work.

**FUNDING**

1. Funding for the TAP program will be provided by 25% of auction proceeds determined by board vote prior to the Hoof Health Conferences and through voluntary donations designated as funds for the TAP. Upon recommendation by the Treasurer, the auction proceeds allocation may be waived for the period of one cycle. Such recommendation should be made in review of funding levels for the program.
2. TAP funds will be maintained in a designated bank account. Assistance provided may not exceed the balance of the funds available.
3. The Executive Board may elect, at their discretion, to invest any amounts contained in the TAP fund exceeding $15,000 in an investment account. Said investments will be subject to the investment policy.

In the event the members or Executive Board determine to dissolve the program, all money held as TAP funds will be reassigned to the general fund or the reserve fund at the discretion of the Executive Board.

**ACCOUNTING and REPORTING**

1. Funds allocated for the TAP fund will be designated as such in the accounting software and will be fully reported upon demand.
2. This account will be reported on the HTA Balance statement as an HTA asset.
3. The executive director will issue funds from this account at the direction of the TAP committee. Payment documentation will be maintained with the application and shall be maintained in accordance with the Document Destruction Policy.
4. Should the injured or sick HTA member trimmer be from outside the US, the repayment of the loan will be in US funds, currency conversion at time of repayment to apply.
5. Income/Disbursement statement for TAP fund will be reported separately from normal business to the board and to members. Legal reporting to the IRS on Form 990 (annual tax filing) will be at the discretion of the CPA filing the form.

**DISBURSMENT**

1. Individuals awarded financial support will have the option of receiving either a gift or a loan.
2. All payments for TAP Committee approved obligations shall be paid in US dollars to the designated recipient.
3. Any repayment of loans shall be made in US dollars. As a courtesy to HTA members, payments in foreign currency will be accepted, but will be credited against the loan at the US equivalency determined by HTA’s banking institution.

**OVERSIGHT and CRITERIA**

1. Committee shall consist of three active members, the current treasurer, and the injured party’s regional representative.
2. Committee shall evaluate each application on a case-by-case basis.
   1. Meetings, discussions, decisions and actions shall occur within 14 days of receiving the TAP application.
   2. If one applies for the loan listed in the application, funds shall be made available within 72 hours of approval of the application.
   3. The Committee, at its sole discretion, may award support as a loan or a gift. The recipient shall have the right to accept or reject the award.
3. The Treasurer will act as a liaison between the TAP committee and the Board of Directors.

**ELIGIBILITY**

1. Donation to the TAP fund nor level of contribution have any bearing on the decision to approve the assistance application.
2. Applicant must be an active member in good standing prior to the incident precipitating the application for assistance.
3. Must be unable to work for at least two weeks.
4. Eligible for one application per 365 days.

**AVAILABLE ASSISTANCE**

1. Financial Assistance: One may apply for up to $3,000. Awards may be made as a gift or an interest free loan with repayment terms of up to 24 months at the discretion of the Committee.
2. Replacement Trimmer Scheduling:
   1. Regional representatives will mobilize other trimmers to assist the sick/injured trimmer upon request.
   2. Volunteer trimmers are prohibited from soliciting business from the TAP recipient’s clients and shall agree not to accept business from TAP recipient’s clients for a period of 12 months following the conclusion of the trimming assistance awarded to the recipient. Should awardee discontinue his business, this provision will be deemed void. Awardee may waive this provision on a case-by-case basis.
   3. Fees accrued for trimming during the assistance program will remain payable to the trimmer receiving assistance. Awardee may waive this provision.
   4. Interim trimmer(s) may apply for travel expense reimbursement. The Committee shall review the request and make a determination on each application separately.

**APPLICATION CRITERIA**

1. Must be an HTA member trimmer in good standing;
2. Provision of medical note if injury or illness.

Application will be made available on the website with committee contact information.

|  |  |
| --- | --- |
|  | ***Hoof Trimmers Association***  ***5014 FM 1500***  ***Paris, TX 75460***  ***972.715.8231 info@hooftrimmers.org*** |

**TAP (Trimmer Assistance Program)**

**APPLICATION**

NAME:

ADDRESS:

CITY, STATE (Province), POSTAL CODE:

COUNTRY:

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL

Member for \_\_\_\_\_years Trimmer for \_\_\_\_\_years

**Accident / Medical problem description:** Date injury/illness:\_\_\_\_\_\_\_\_\_\_

Approx. recovery time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received medical treatment/ advice? Y / N

Please explain:

**Assistance Requested:**Check all that applies & describe the best you can.

q I would like monetary assistance in the amount of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification for gift award:

q I would like help with trimming/ scheduling.

Approx how many days/ weeks? \_\_\_\_\_ Approx how many head of cows? \_\_\_\_\_

I would prefer: Local trimmers \_\_\_\_\_ Non-local trimmers. \_\_\_\_\_\_\_