

**ATHLETES FOR ANIMALS
GRANT PROPOSAL CHECKLIST**

- Athletes for Animals Cover Sheet (Page 3)
- Proposal Narrative (Sections I, II and III should be no more than 2 pages)
- Project Budget
- Financial Statement, Form 990
- List of board members and their affiliations
- Brief description of key staff
- IRS determination letter or pending application for exemption

PROPOSAL NARRATIVE

I. ORGANIZATION INFORMATION

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.

II. PURPOSE OF GRANT

- 1. Situation
 - a. The opportunity, challenges, issues or need that your proposal addresses.
- 2. Activities
 - a. Overall goal(s) regarding the situation described above.
 - b. Objectives or ways in which you will meet the goal(s).
 - c. Specific activities for which you seek funding.
 - d. Who will carry out those activities.
 - e. Time frame in which this will take place.
 - f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
 - g. Long-term funding strategies (if applicable) for sustaining this effort.

III. EVALUATION

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

ATTACHMENTS

1. Finances
 - Please include your most recent Form 990 tax return.
 - Project Budget, including income and expenses.
2. List of board members and their affiliations.
3. Brief description of key staff, including qualifications relevant to the specific request.
4. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status or pending application for exemption.

PROJECT BUDGET

Please provide the budget for the project in which the grant funds provided by Athletes for Animals will be used. This format below is *optional* and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	\$
Government grants	\$
Foundations	\$
Corporations	\$
Individual contributions	\$
Fundraising events and products	\$
In-kind support	\$
Investment income	\$
<i>Revenue</i>	\$
Government contracts	\$
Earned income	\$
Other (specify)	\$
Total Income	\$

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$
Insurance, benefits and other related taxes	\$
Consultants and professional fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Total Expense	\$
Difference (Income less Expense)	\$

Athletes for Animals Grant Application Cover Sheet

Date of application: _____ Application submitted to: _____

Organization Information

<i>Name of organization</i>	<i>Legal name, if different</i>		
<i>Address</i>	<i>City, State, Zip</i>	<i>Employer Identification Number (EIN)</i>	
<i>Phone</i>	<i>Fax</i>	<i>Web site</i>	
<i>Name of top paid staff</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>
<i>Name of contact person regarding this application</i>	<i>Title</i>	<i>Phone</i>	<i>E-mail</i>

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No
If no, is your organization pending? If so please attach your application for exemption. _____ Yes _____ No

Proposal Information

Please give a brief summary of request:

Animals served: _____

Geographic area served: _____

Funds are being requested for (check one)

_____ Spay, Neuter or Adoption Programs _____ Educational Programs _____ Capital Expenses
 _____ Other (please list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Budget

Dollar amount requested: _____ \$
 Total annual organization budget: _____ \$
 Total project budget (for support other than general operating): _____ \$

Authorization

Name and title of top paid staff or board chair: _____
Signature _____