



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>Website</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:

Approximate number of animals to be served: _____ Geographic area served: _____

FUNDS REQUESTED FOR (CHECK ONE)

- S/N/Vaccination Programs
 Extraordinary Vet Expenses
 Adoption/Enrichment/Retention
 Education & Community Outreach
 TNR Programs

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

BUDGET

Dollar amount requested (MAX \$5,000): \$ _____
 Total annual organization budget: \$ _____
 Total project budget (for support other than general operating): \$ _____

AUTHORIZATION

Name and title of staff or board chair: _____

Signature _____



GRANT PROPOSAL CHECKLIST

- Athletes for Animals Cover Sheet (Page 1)
- Proposal Narrative (Sections I, II and III should be no more than 2 pages total)
- 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

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

EXPENSES

ITEM	AMOUNT
Salaries and wages	\$
Insurance, benefits and other related taxes	\$
Consultants and professional fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Total Expense	\$
Difference (Income less Expense)	\$