



GRANT APPLICATION HORSE AID LIVE

All grant applications must fulfill the mission of Horse Aid Live, Inc.: to promote humane treatment for all equines, regardless of breed, and to provide support for non-profit organizations that provide humane treatment and shelter for equines.

Grant Application Deadline: **November 7, 2011 Postmark**

Required Documents: **Required documents that must be received:**

1. Grant Application – must be typed or clearly printed
2. IRS Letter attesting to 501(c)3 status (copy)
3. Most recent 990 tax return (copy)
4. Complete Veterinary Report (facilities with equines)
5. Attending Veterinary Letter (facilities with equines)
6. Photos of Facility showing:
 - a. fencing
 - b. shelter
 - c. fields/pastures
 - d. water supply per field/pasture

Do NOT Include: Grant Applications should **NOT include:**

1. Three-ring binders or other bulk packaging
2. Videos
3. Audiocassettes
4. DVDs
5. Anything that must be returned

Grant Distribution Timeline: All Applications will be reviewed by the Board of Directors at the November 2011 Board of Director's meeting. All applicants will be notified prior to December 15 of grant acceptance. Grants will be mailed no later than December 31.

Grant Reporting: **A grant update is due no later than March 15, 2012 with an update of how the grant has been used to date. A full report is due no later than one year from the original grant distribution date** reporting how the usage of grant funding was used and the number of equines helped by the grant.

Mail Applications To: Grant Application
Horse Aid Live
P.O. Box 910785
Lexington, KY 40591

2011 GRANT APPLICATION HORSE AID LIVE

Part A General Information

Date:

Name of Organization:

Year Established:

Name of Administrator/Contact:

Mailing Address:

City, State and Zip Code:

Facility/Farm Name:

Number of Acres on this facility:

City, State and Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Fax:

E-mail Address:

Website Address:

Brief Mission Statement:

List of organization's Board of Directors/Trustees, showing name, address, telephone, and email:

List the names and a brief list of duties of the paid employees in charge of the organization and facility:

List the names and a brief list of duties of the volunteers in charge of the organization and facility:

What is your proposed use of the grant you are applying for?

Part B To Be Completed By Facilities with Equines

Total number of horses you currently house at this facility?

Maximum number of horses can you house at one time at this facility?

How many horses at this facility are owned by an entity other than this organization?

What breeds are the horses at your facility?

How many horses are up for adoption?

How many horses are retired permanently?

How many horses has your organization adopted out in the past 12 months?

How many horses were euthanized in the past 12 months?

Total cost per horse?

Part C

Attending Veterinary Letter and Report For Facilities with Equines

Please fill out the below veterinary report and submit a short signed and dated statement indicating that you are the attending veterinarian for this equine facility on your stationary that must include:

1. Your practice name
2. Full address
3. Contact numbers

Date:

Name of Organization:

Address of facility where horses are located:

City, State and Zip Code:

Organization Phone:

Name of Administrator/Contact:

Address of contact (if different from above):

City, State and Zip Code (if different from above):

Contact Phone:

Total number of horses at this facility:

Maximum capacity of horses:

How long have you been working as a veterinarian with this organization?

Using the below rating system answer the following questions based on your experience at this facility:

5 = Excellent 4=Good 3=Adequate 2=Fair 1=Inadequate

_____ Overall appearance and health of horses

Comments:

_____ Vaccination Program

Comments:

_____ Dental Care

Comments:

_____ Farrier/Hoof Care

Comments:

_____ Feed/Hay Program

Comments:

_____ Water Supply & Accessibility

Comments:

_____ Pasture & Paddock Conditions

Comments:

_____ Fencing Type & Condition

Comments:

Signature of Evaluating Veterinarian:

Date:

Veterinarian Name:

Veterinary Practice:

City, State and Zip Code:

Work Phone:

Cell Phone:

Fax:

Please mail this report and signed letter of veterinary record directly to:

Grant Application – Vet Letter and Report
Horse Aid Live
P.O. Box 910785
Lexington, KY 40591

Please direct all questions to Cyndi Greathouse at cgreathouse@horseaidlive.org or (859) 699-3334.

Thank you.