Request for Funding

Please fill out the entire form and provide requested documentation.

Please allow up to 60 days for response.
If the need is urgent, please state reason and time frame for response.

MINIATURE AMERICAN SHEPHERD CLUB OF THEUNITED STATES OF AMERICA

HelpRescueMAS@gmail.com

Organization Details			
Name of person making application:			
Name of Rescue Group affiliation (if applicable) :			
Address:	**City:**	**State:**	**Zip:**
Telephone:	**E-mail:**		
What is the best way to reach you?	❑ **e-mail**	❑ **phone**	
Is this your first application for a grant from MASCUSA Rescue Grant Program?	❑**Yes**	❑**No**	

Grant Overview
Please describe the nature of the grant (food, litter, training, prosthetics / aides, veterinary care, spay/neuter event, etc.). Include animal name and circumstances of rescue if for a specific animal. If for multiple animals provide information as to specific need(s).

Financial / funding information		
How much are you requesting? **Current grant limitation is up to $1000**	**$**	
Is your rescue group a certified non-profit? **If the answer is yes, please provide** **_ Copy of IRS determination letter indicating 501 (c) 3 tax exempt status**	❑**Yes**	❑**No**

Publicity		
It is a condition of the MASCUSA Rescue Grant Program that it may publicize grants that are made to you, via our website, newsletters, etc. Please confirm that this is acceptable to you.	**❑Yes**	**❑No**
We encourage grant recipients to spread the word about our organization by submitting website information to our rescue committee for publication on our website, and including our information at benefits and in newsletters etc.		

Declaration to be completed by all applicants

- **I declare that the information given on this form is true and that any funds received would be solely for use as detailed above.**
- **I understand that MASCUSA Rescue Grant Program has the right to deny my fund application for any reason.**
- **I have fully completed this application form, and enclosed cost estimates.**
- **I agree to make invoices/receipts available on request.**
- **I agree to abide by any conditions set out by MASCUSA Rescue Grant Program in making the grant.**

Print name:	**Date:**
Signature:	

Additional Supporting Details

Please photocopy this application for your personal record.

For official use only

Application accepted: _____
(Signed by Director)

Application denied:
_____
(Signed by Director)

Comments:_____
__

Check made out to:

_____
_

Check Number: _____ **Date:** _____

Credit Card Payment to: