



**Important!** This form **must be saved** to your computer's desktop before you start. Once saved, reopen on your computer to complete the application.

FEDERAL TAX ID #

ORGANIZATION NAME

LEGAL NAME OF ORGANIZATION (IF DIFFERENT THAN ABOVE)

ORGANIZATION MAILING ADDRESS & CONTACT INFORMATION

CONTACT DETAILS FOR PERSON COMPLETING THE APPLICATION

CONTACT DETAILS FOR THE HEAD OF YOUR ORGANIZATION



Please keep all answers **fully visible** in the box.  
**If you need extra room, you can attach a word document with longer answers.**

**HISTORY OF THE ORGANIZATION + SOCIAL HANDLES**

**ARE YOU SEEKING FUNDS FOR A PROGRAM CURRENTLY IN EXISTENCE OR A NEWLY PROPOSED PROGRAM?**

**EXISTING PROGRAM**

**NEW/PROPOSED PROGRAM**

For existing programs, please continue to Page 03. For new or proposed programs, please skip to Page 07.



## EXISTING PROGRAM

### PROGRAM DESCRIPTION

### DETAILED TIMELINE FROM INITIAL ROLL-OUT TO PRESENT DAY



## EXISTING PROGRAM

### PROGRAM ACCOMPLISHMENTS TO DATE, INCLUDING OUTCOMES AND GOALS MET IN RECENT YEARS

### DETAILED TIMELINE OF FUTURE PHASES OF THE PROGRAM



## EXISTING PROGRAM

**FACTORS THAT DISTINGUISH YOUR PROGRAM FROM OTHERS THAT PROVIDE SIMILAR SERVICES**

**WHAT DO YOU NEED IN ORDER TO ACHIEVE THE PARAMETERS OF YOUR PROGRAM?**

**CHALLENGES YOU HAVE OR WILL FACE: HOW WILL YOU OVERCOME THEM?**



## EXISTING PROGRAM

### LIST GEOGRAPHICAL AREAS FOR THE PROGRAM

### OUTLINE A PLAN FOR EVALUATION THROUGHOUT THE PROGRAM

### NOTE THE SPECIFIC DOLLAR AMOUNT REQUESTED AND DATE PAYMENT IS NEEDED

Application for all programs continues on Page 09



## NEW/PROPOSED PROGRAM

### PROGRAM DESCRIPTION

### DETAILED TIMELINE INCLUDING DESIRED START DATE

### FACTORS THAT DISTINGUISH YOUR PROGRAM FROM OTHERS THAT PROVIDE SIMILAR SERVICES

### WHAT DO YOU NEED IN ORDER TO ACHIEVE THE PARAMETERS OF YOUR PROGRAM?



## NEW/PROPOSED PROGRAM

**POTENTIAL CHALLENGES YOU MAY FACE: HOW WILL YOU OVERCOME THEM?**

**LIST GEOGRAPHICAL AREAS FOR THE PROGRAM**

**OUTLINE A PLAN FOR EVALUATION THROUGHOUT THE PROGRAM**

**NOTE THE SPECIFIC DOLLAR AMOUNT REQUESTED AND DATE PAYMENT IS NEEDED**

Application for all programs continues on Page 09





## ALL PROGRAMS

**WHICH OF THE H-AA PILLARS DOES YOUR PROGRAM FALL UNDER?**

**EXPLAIN HOW YOUR WORK WILL BENEFIT AND ADD TO THE HUMAN-ANIMAL ALLIANCE**

**PLEASE INCLUDE ANY ADDITIONAL NOTES YOU FEEL ARE PERTINENT TO YOUR PROPOSAL**



## ALL PROGRAMS

**PLEASE NOTE ANY ADDITIONAL CONVERSATIONS YOU MAY HAVE HAD WITH A H-AA STAFF MEMBER**

**LIST OF INVOLVED STAFF MEMBERS WITH QUALIFICATIONS**



# ALL PROGRAMS

**WHAT IS MOST IMPORTANT FOR THE H-AA TO KNOW ABOUT YOUR ORGANIZATION?**

**HOW DO YOU DEFINE YOUR ORGANIZATION'S SUCCESS?**

**IS THERE A NEED, OR OPPORTUNITY, FOR NON-FINANCIAL SUPPORT AS WELL?**



## ALL PROGRAMS

**PLEASE LIST ALL GRANTS RECEIVED IN THE PAST TWO YEARS OF \$10K OR MORE**

**FISCAL YEAR END DATE OF YOUR ORGANIZATION**

**CURRENT MARKET VALUE OF ENDOWMENT AND VALUATION DATE**

**IF OPERATING DEFICIT - PLEASE PROVIDE AMOUNT AND EXPLANATION IF PLANNED OR NOT**



## ALL PROGRAMS

LIST THE TRUSTEES, OR DIRECTORS AND OFFICERS, WITH TITLES AND YEARS OF EXPERIENCE

**CERTIFY GRANT APPLICATION ACCURACY**

**Important!** Click on the boxes with the X to create a new Digital ID with Adobe for an easy digital signature.

**X**

**CERTIFY GRANT CONSIDERATION**

**X**



**TO COMPLETE YOUR ORGANIZATION'S GRANT APPLICATION, PLEASE INCLUDE THE FOLLOWING ATTACHMENTS IN YOUR EMAIL SUBMISSION OF THIS FORM.**

- YOUR ORGANIZATION'S MISSION STATEMENT**
  
- PROGRAM BUDGET WITH BOTH INCOME AND EXPENSES**
  
- LAST CERTIFIED AUDIT OR LAST YEAR'S FISCAL STATEMENTS; IF A YOUNGER AGENCY, FILED IRS FORM 990 IS SUFFICIENT**
  
- COPY OF LATEST VERIFICATION OF TAX-EXEMPT STATUS FROM IRS UNDER SECTION 170 OF THE IRS CODE**

**Please note:** Applications will be reviewed on a rolling basis. Submission of an application does not imply commitment of funding from the Charity. Applications are limited to one per calendar year for each organization. There is the opportunity for grants to be renewed. An updated, abbreviated application will need to be completed for consideration in renewing a grant.