

Calvin & Susie Hawaii Animal Foundation APPLICATION FOR FUNDING/OTHER ASSISTANCE

Date: _____

Applicant/Organization Name: _____

Name of Authorized Organization Representative: _____

Applicant/Organization Address: _____

Applicant Email Address: _____

Applicant Phone Number: _____

Has CSHAF assisted you before? Y/N

If so, what was the approximate date? _____

How did we assist you? _____

Type of assistance requesting and why (please explain in detail):

If you are an individual, please answer questions #1 - #7

If you are a 501(c)(3) organization, please answer questions #8 - #19

1. Have you applied for Care Credit or for any other type of veterinary care financing program?

___ Yes, I was approved for \$_____

___ Yes, I was declined

___ No, I have not applied

2. Are you currently in any of the programs listed below?

State or federal welfare/government assistance program

SSI Disability

Social Security

Unemployment

None of the above

*If you are enrolled in one of the programs listed above, please submit proof of enrollment with your application.

**If you are enrolled in one of the programs listed above, please tell us:

Monthly Household Income (\$_____)

Number of family members in your household (_____)

3. If medical assistance is requested, what is the name of your veterinarian?

Name of Veterinarian/Clinic: _____

Address of Veterinarian/Clinic: _____

Medical Diagnosis: _____

Prognosis: _____

Total cost of procedure: _____

How much have you personally paid for this procedure? _____

(Please attach all relevant veterinary records and estimated cost of medical intervention to this application)

4. How many animals are currently in your care? (Please include both owned and foster animals) _____

5. Are you working with or affiliated with any other 501(c)3 rescue organizations?

6. Are all of the animals in your care spayed/neutered? Y/N (If no, please specify the reason(s) why they are not spayed/neutered _____)

7. Animal Information

Please provide as much information as possible, to the best of your knowledge.

Name (or how the animal is identified): _____

Species (cat, dog, rabbit, etc.): _____

Breed: _____

Age: _____

Gender: _____

Spayed/Neutered? _____

Approximate size (pounds): _____

Color: _____

Identifying markings/physical traits: _____

Injuries?

Photo

Please include a current picture of the animal with your application. A clear picture of their face and body if possible.

A note on individual applicant's identification:

If necessary, CSHAF may need to see your government identification. Such information will be kept confidential and will only be shared between you and necessary CSHAF representatives. We will never share your private identity or information without your consent.

8. Organization Mission/Purpose: _____

9. Number of staff: _____
Number of volunteers: _____

10. How long has your organization been in existence? _____

11. State specifically where the animals you care for come from:

12. How many animals are currently under the care of your organization? _____

13. Where are the animals housed?

14. Does your organization utilize foster care providers? _____

a. How many foster care providers are in your organization?

b. What are the requirements to become a foster care provider?

c. How many animals do you allow a foster care provider to house at one time?

d. Is there a limit on the number of animals the foster provider can care for? If so what is the limit?

e. Please tell us (in detail) what efforts are being made to get the animals in foster care in to permanent, forever homes: (answer on following page)

15. Describe the adoption process for your organization:

16. Are all the dogs/cats that are under your organization's care spayed/neutered prior to adoption? If not 100% then what is the confirmed percentage of animals that are spayed/neutered?

17. How many animals have been adopted into forever homes through your organization?

18. What is the purpose of this request for aid?

a. What is the total amount of aid requested: _____

b. List any other grants applied for and status of any pending funding:

b. If veterinary assistance is requested, what is the name of your veterinarian?

Name of Veterinarian/Clinic: _____

Address of Veterinarian/Clinic: _____

Medical Diagnosis: _____

Prognosis: _____

Total cost of procedure: _____

How much has the organization paid for this procedure? _____

(Please attach all relevant veterinary records and estimated cost of medical intervention to this application)

c. Please state the objectives and measurable outcomes (concrete changes or benefits) of this CSHAF request for aid:

d. Please state the criteria to measure success of your program/project:

19. Organization's Annual Operating Budget:

*Please attach your organization's IRS letter indicating your 501(c)(3) status

** Please attached line item budget for proposal and amount you are requesting

Applicant signature or Authorized Organization Representative signature:

Name of Applicant or Authorized Organization Representative:

(Printed) _____

Date _____

CSHAF representative signature _____ **Date** _____

Internal Use Only

Application No. _____

Date Received: _____

Status of Application: _____