



# GREY MUZZLE GRANT APPLICATION 2020

## ORGANIZATION INFORMATION

Name:  
Employer Identification # (EIN):  
Address:  
City; State; Zip:  
Telephone Number:  
Email:  
Website:

Contact Person:  
Title:  
Telephone:  
Email:

Are you:  
 An open admission shelter  
 A limited admission shelter  
 A rescue  
 Other:

What geographic area do you serve?

Current organization budget

Total organization revenue from the most recent 990:

Total organization expenses from the most recent 990:

Please indicate the current number of board members, staff and volunteers:

\_\_\_\_\_ Board Members  
\_\_\_\_\_ Staff  
\_\_\_\_\_ Volunteers



## **ANIMAL STATISTICS**

Please provide the following information for the previous year (2019):

Total number of animals:

Total number of dogs:

Total number of **senior** dogs:

Please provide the following information for dogs **currently** in your care:

Number of dogs currently in your care:

Number of **senior** dogs currently in your care:

Does your organization currently participate in Shelter Animals Count?

If not, please note that Grey Muzzle grantees will be required to participate in Shelter Animals Count, submitting basic data on animals in your care.

Do you ever obtain dogs from an auction?

If so, please describe the circumstances, including the characteristics of the dogs you obtain.

## **HOUSING**

Please indicate the types of housing arrangements for dogs in your care:

## **MEDICAL SERVICES**

Do you have onsite veterinary staff? If so, how many?

What routine intake medical services do you provide?

Please explain how you handle any special, including emergency, medical and/or dental expenses?

## **CURRENT PROGRAMS**

Do you have an adoption program? ( ) Yes ( ) No; If Yes, please provide a brief description.

Do you have a foster program? ( ) Yes ( ) No; If Yes, please provide a brief description.

Do you have a hospice or home care program? ( ) Yes ( ) No; If Yes, please provide a brief description.

Please describe any other programs you provide in addition to the above:



## PROGRAM DESCRIPTION

Please answer the following questions about the program for which you are seeking Grey Muzzle funding.

1. For what type of program are you *primarily* seeking funding (**please check only one**):
  - Medical
  - Dental
  - Hospice
  - Seniors for Seniors adoption program
  - Therapy dog training
  - Keeping senior dogs in their homes
  - Other (please describe)

If you will be providing additional types of programs with this funding, please check all that apply:

- Medical
  - Dental
  - Hospice
  - Seniors for Seniors adoption program
  - Therapy dog training
  - Keeping senior dogs in their homes
  - Other (please describe)
2. What is the amount of the grant you are requesting from The Grey Muzzle Organization?
  3. Approximately how many senior dogs do you anticipate serving under this grant?
  4. Have you received a grant from The Grey Muzzle Organization previously? Yes No  
If Yes, please list the date(s) and amount(s) of previous grants from The Grey Muzzle Organization.
    - a. If you currently have a Grey Muzzle grant, what percent of the grant do you have left?
  5. Is this a new program or a supplement to an existing program?
  6. Please state the need you are trying to address. How do you know it's an issue requiring attention? (What evidence/data do you have that it is a problem? Please provide data and/or information specific to your community or locality.)
  7. How will your proposed program address the problem?



8. What groundwork has been done to prepare to implement the program? (Note: If this is an existing program, please provide data on your success to date.)
9. What staff or other resources from your organization will be required to implement the program? Who specifically in your organization will be responsible for identifying senior dogs who will benefit from this grant?
10. Grey Muzzle values and encourages collaboration. What other organizations or entities will you partner with to implement this program and what specifically will you do with those organizations?
11. Please describe specifically how you will measure your progress toward addressing the need you identified in Question 6 and the measurable results you intend to achieve. (Note: Please describe measurable results and your plan to track those data. Examples of measurable results can be found on our Grant Q & A page at <http://www.greymuzzle.org/grants/faqs.>)
12. How will you sustain the program when Grey Muzzle funding ends?
13. Please briefly describe your financial management practices, including who manages your organization's revenue (i.e., volunteer or paid staff), the type of software or system used, and who will manage this grant.

## **ATTACHMENTS TO APPLICATION**

The following documents must be attached in order for your application to be considered.

- Mission Statement
- 501(c)(3) Letter
- IRS Form 990
- Current Operating Budget for Organization (Note: This is the your organization's overall annual budget.)
- Program Budget (Note: This is the budget that shows how you will allocate the funding you are requesting from Grey Muzzle. Please use the GMO budget template)
- Euthanasia Policy

## **PERMISSION**

I hereby give permission for The Grey Muzzle Organization to make inquiries about this organization to help evaluate the grant application.

Signature:  
Title:

Please Print Name:



## **EVALUATION CRITERIA**

### **Programmatic Evaluation Criteria**

1. The need for the program is clearly demonstrated and supported, whenever possible, with data.
2. The program model is clearly articulated. That is, the resources needed to implement the program, the program activities, and the program outcomes are clearly articulated and logically connected.
3. The program is consistent with the organization's mission and is a logical extension of or complement to current efforts.
4. There is evidence of efforts to establish the groundwork necessary to implement the program successfully.
5. There is evidence of adequate staff and infrastructure to carry out the program as planned.
6. There is evidence that the organization will work collaboratively with other organizations.
7. There are measurable outcomes and a plan to collect related data.
8. The plan to sustain the program beyond Grey Muzzle funding is clear.

### **Budget Evaluation Criteria**

1. It is clear how the funds will be used.
2. The amount requested is consistent with/reasonable with respect to the number of dogs that will be helped.
3. Costs are sufficiently justified.
4. There is evidence of adequate staff and infrastructure to manage the grant funds, including providing financial oversight.