

# 2022 Animal Welfare Endowment Fund

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*Community Foundation of the North State*

## *Grant Information/Parameters*

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The Community Foundation created the Animal Welfare Endowment Fund to provide for the care and feeding of animals in Shasta, Siskiyou, and Tehama Counties. Grants will be made to nonprofit organizations who promote the welfare of animals the categories of: supporting homeless animals, supporting owned pets, supporting wildlife, supporting working animals, and disaster preparedness in animal welfare.

Competitive applications will: use data to demonstrate the need and potential impact, illustrate collaborative relationships with other organizations, and show partial funding from other funding sources (though no formal match is required).

Grant requests should be between \$500 and \$2,500.

Eligible organizations include: Nonprofits with a public tax exempt status under Section 501(c)(3) of the IRS Code, public entities (ex: counties, special districts, federally-recognized tribes), or projects/programs fiscally-sponsored by a nonprofit or public entity.

## *Proposal Summary*

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### **Project Name\***

This should be 2-6 words that is the most basic overview. Examples: veterinary equipment, spay/neuter vouchers, microchipping event support, etc.

*Character Limit: 100*

### **Grant Description - Complete the following phrase: "If awarded, funding will..."\***

Most common examples start with "purchase", "support", "provide", "sponsor", etc. Example: *Purchase supplies needed to support foster families caring for kittens to reduce cat euthanasia rate in Tehama County.* For additional examples, visit "purpose" section of past grant award list.

A good grant description typically includes:

- What – What is the primary purpose of the grant?
- Who – Who is specifically meant to benefit from the grant?
- How – How will the objectives of the grant be achieved?
- Where – What geographic area(s) is the grant meant to serve?

*Character Limit: 125*

### **Amount Requested\***

Amount requested should be between \$1,000 and \$2,500.

*Character Limit: 20*

### **County of project location\***

#### **Choices**

Shasta  
Siskiyou  
Tehama

### **Which category best describes your program or project?\***

Supporting Homeless Animals – Programs/projects aimed at reducing pet overpopulation and unnecessary shelter deaths, including but not limited to: targeted spay & neuter, trap-neuter-release & return-to-field programs for community cats, shelter improvements/programs that correlate with positive adoption outcomes, adoption initiatives, shelter intake prevention programs, medical care for at-risk shelter animals, foster program support, barn cat and neonatal kitten programs, etc.

Supporting Owned Pets – Programs/projects aimed at keeping pets in homes, including but not limited to: projects w/community agencies that increase access to basic veterinary care, supplies, and food, emergency/temporary shelter for select populations, low-cost vaccination, microchipping clinics, and other care clinics, etc.

Supporting Wildlife – Programs/projects aimed that support care of local wildlife including but not limited to: wildlife education, rescue efforts, rehabilitative efforts, and release, or long-term sanctuary for non-releasable wildlife from our service region.

Supporting Working Animals – Programs/projects that care for organizationally-owned animals that provide service to local residents, including but not limited to: equine therapy horses, police K9s, animals in official organizational training to become certified service animals, etc.

Disaster preparedness in Animal Welfare – Programs/projects that help organizations prepare to support animals affected by natural disasters in our service region, including but not limited to: development of collaborative plans, advanced procurement of supplies or locations to provide for temporary care, staff/volunteer training, etc.

#### **Choices**

Supporting homeless animals  
Supporting owned animals  
Supporting wildlife  
Supporting working animals  
Disaster preparedness in animal welfare

## Under what status are you applying?\*

### Choices

501c3 public charity/nonprofit

Public entity (ex: school, city, county, special district, federally-recognized tribe)

Project fiscally sponsored by 501c3 nonprofit or public entity

## Project Narrative

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### Project Description\*

Please briefly summarize your project in 1-2 paragraphs. Imagine you are telling someone about your project in an elevator and you have one minute to pitch it.

*Character Limit: 1500*

### Describe the need for the project and the difference you hope it will make.\*

Where applicable, please include current data/statistics (ex: from Shelter Animals Count or the Best Friends Lifesaving Dashboard) and anticipated projections.

*Character Limit: 3500*

### Please describe any collaborative relationships with other organizations in this proposed project.\*

If this specific program/project does not include collaboration with other organizations, please describe any key local or regional partnerships that enhance your group's ability to contribute to better outcomes for animals.

*Character Limit: 3500*

### Provide a timeline for your project, including key milestones and the estimated completion date.\*

Please note, it takes up to 3 months from the application due date for the grant review process to complete. As such, project activity should start a minimum of 3 months from the application due date (in this instance, no earlier than mid-December). Reimbursements for costs incurred prior to grant award are not eligible. If awarded, projects must be completed within 12 months of grant award notification.

*Character Limit: 3500*

## Project Budget

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### Please upload a PDF of the project budget showing all anticipated expenses and revenues.\*

Please show all anticipated expenses and revenues and sum the total project cost and requested amount. Competitive applications demonstrate partial funding from other sources, though no formal match is required.

Please list items and corresponding cost *in order of priority*.

Grants are not awarded to or for: budget deficits, endowment funds, annual fund drives, individuals, land purchase, or reimbursements of costs incurred prior to grant award.

*File Size Limit: 2 MB*

**Please explain how the project will be supported once grant funds have been expended.\***

If the project will be supported through general operations, include a brief description of your various fundraising efforts (ex: online or mail appeals, major gifts, events, other grants, etc.)

*Character Limit: 3500*

**Is a similar request under review by another funder, including another Fund of CFNS?\***

**Choices**

Yes

No

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*Funding Request In Consideration by Other Org/Fund?*

**What other funder is reviewing this project request?\***

*Character Limit: 250*

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*Organizational Information*

**Explain the history and purpose of the organization, including recent achievements and challenges.\***

Tell us about your organization from a helicopter level, in case reviewers are unfamiliar, or to update those who may be familiar.

*Character Limit: 3500*

**Please upload a PDF listing of the organization's board members.\***

Please include their role/title within your organization (ex: Board president, treasurer, etc.)

*File Size Limit: 2 MB*

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*Fiscal Sponsor Information*

Please provide information about the organization fiscally-sponsoring your project/program.

**Fiscal Sponsor - Organization Name\***

*Character Limit: 250*

**Fiscal Sponsor - Organization's EIN/Tax ID\***

This number can be found on Guidestar.

*Character Limit: 10*

**Fiscal Sponsor - Organization's State Corporation Number\***

For California organizations, this can be found on the CA Secretary of State Business Search page. For out-of-state organizations, please reference state's business search page.

*Character Limit: 20*

**Fiscal Sponsor - Organization's website\***

*Character Limit: 2000*

**Fiscal Sponsor - Organization's Mailing Address\***

*Character Limit: 250*

**Fiscal Sponsor - Organization's City, State & Zip\***

*Character Limit: 250*

**Fiscal Sponsor - Organization's CEO/ED Name & Title\***

*Character Limit: 250*

**Fiscal Sponsor - Organization's CEO/ED email\***

*Character Limit: 254*

## *Organizational Financials - 501c3*

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**Please upload a PDF of the organization's Income & Expense Statement\***

This is also known as a Profit and Loss Statement or Statement of Activities. It should represent the closest 12- month time period.

*File Size Limit: 2 MB*

**Please upload a PDF of the organization's Balance Sheet\***

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match).

*File Size Limit: 2 MB*

## *Organizational Financials - public agency*

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**Please upload a PDF of your current year department budget (1-2 page summary)\***

*File Size Limit: 2 MB*

## *Organizational Financials - fiscally-sponsored project*

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For fiscally-sponsored organizations, please attach financials for BOTH the organization sponsoring your project as well as for your specific sponsored project, if available.

**Please upload a PDF of fiscal sponsor's Income & Expense Statement\***

This is also known as a Profit and Loss Statement or Statement of Activities. Statement should representing the closest 12-month time period. NOTE: This is a request for the financials from the 501c3 organization that is fiscally-sponsoring your project.

*File Size Limit: 2 MB*

**Please upload a PDF of fiscal sponsor's Balance Sheet.\***

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match). NOTE: This is a request for the financials from the 501c3 organization that is fiscally-sponsoring your project.

*File Size Limit: 2 MB*

**Please upload PDF of fiscally-sponsored project's Income & Expense Statement**

This is also known as a Profit and Loss Statement or Statement of Activities. Statement should representing the closest 12 month time period. NOTE: This is a request for your project's financials (your sponsor's financials are requested above).

*File Size Limit: 2 MB*

**Please upload a PDF of fiscally-sponsored project's Balance Sheet**

This is also known as a Statement of Financial Position. This sheet should have a date matching that of the end date provided on the Income and Expense Statement (time periods should match). NOTE: This is a request for your project's financials (your sponsor's financials are requested above).

*File Size Limit: 2 MB*

## Supplemental Communications

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### Please upload a PDF communication piece highlighting the project or your org's current events\*

This may be a newspaper or magazine article, newsletter to your supporters, blog or social media post, etc.

*File Size Limit: 3 MB*

### Please provide a related photo or video as it helps to describe the project.\*

A picture is worth a thousand words, especially for visual learners.

*File Size Limit: 3 MB*

## Agreements & Authorizations

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### Use of Grant Funds\*

By agreeing to this statement, the applicant hereby agrees that funds, if granted, will be used only for the purpose described in this proposal unless written approval for revision is granted by the Foundation.

#### Choices

I agree

### CFNS Non-discrimination Policy\*

Applicant organization affirms it does not discriminate as outlined below and that it complies with the Community Foundation of the North State (CFNS) Non-Discrimination Policy:

*The Foundation seeks to promote respect for all people. We hold ourselves, and those whom we support, to a high standard of nondiscrimination. The Foundation will not knowingly support organizations whose programs or services are not open to all without discrimination on the basis of race, color, religion, gender, national origin, ancestry, age, medical condition, disability, veteran status, marital status, sexual orientation or any other characteristic protected by law. We recognize that organizations may identify special needs in the community and target programs or services to a specific population based on those needs; however the programs must be open to all people in those targeted populations to be eligible for grant consideration.*

#### Choices

I agree

### Authorization\*

I have sought and obtained permission from senior leadership of the organization that is represented by this application. The following name and title is the representative of the organization from whom I obtained permission to submit this application.

*Character Limit: 250*