

Animal Welfare Endowment Fund 2024

Community Foundation of the North State

Grant Information/Parameters

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 for general support will be made to organizations whose primary work promotes the welfare of animals the categories of: supporting homeless and owned pets, supporting wildlife, and supporting working animals.

Competitive applications will illustrate collaborative relationships with other organizations and use data to demonstrate the need and impact of your work.

Grant requests should be between \$1,000 and \$5,000. Average grant size is \$2,500.

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

Proposal Overview

Project Name/Grant Description*

Required Answer: "for general operating support"

Character Limit: 30

Amount Requested*

Amount requested should be between \$1,000 and \$5,000. Average grant size is \$2,500.

Character Limit: 20

County of project location*

Choices

Shasta
Siskiyou
Tehama

Which category best describes your the primary work of your organization?*

Supporting Homeless and/or Owned Pets:

Homeless pets - 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.

Owned pets - 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 – 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 – 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.

Choices

Supporting homeless and owned pets

Supporting wildlife

Supporting working animals

Organizational Information

Answers can be brief! Character limits have been set high so if you have text from other grant applications, you can paste it in without bumping up against limits.

Suggested response length = 1-2 paragraphs per question.

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

Optional: If your org has a physical address different from your mailing address, enter it below.

If your organization has a physical address different from the mailing address provided in the organizational record, please enter the physical address here, including street, city, state and zip.

Ex: 123 Sally St. Redding, CA 96001

Character Limit: 250

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

What is your organization focused on in the next 12 months?*

What tangible things are you hoping to achieve in this time period? What difference are you hoping to make in the lives of animals (and/or their people, if applicable)?

Note: It takes up to 3 months from the application due date for the grant review process to complete. If awarded, the grant period is estimated to be approximately the 12 months between December 2024 through December 2025. Reimbursements for costs incurred prior to grant period are not eligible.

Character Limit: 3500

Please describe any collaborative relationships with other organizations.*

How are you working with others in your community? Please share any key local or regional partnerships that enhance your group's ability to contribute to better outcomes for animals.

Character Limit: 3500

What data are you using to track improving positive outcomes for animals?

Please share an overview of any data/statistics you are tracking that show the need and impact of your work. For organizations whose primary work is in supporting homeless and owned pets: please explain specifically in terms of lifesaving outcomes (ex: is your organization using Shelter Animals Count or the Best Friends Lifesaving Dashboard?).

Character Limit: 3500

If you are not a 501(c)3 and applying under a fiscal sponsor:

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

If you are a 501(c)3 Public Charity:

Organizational Financials - 501c3

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. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please explain on the upload. What caused this?

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

If you are a Public Agency/District

Organizational Financials - public agency

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

File Size Limit: 2 MB

If you are not a 501(c)3 and applying under a fiscal sponsor:

Organizational Financials - fiscally-sponsored project

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 represent the closest 12-month time period. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please tell us more on the upload. What caused this? 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 represent the closest 12 month time period. If there is an unusually large net gain or loss (ex: >10% of gross revenue) please tell us more on the upload. What caused this? 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

Photo/Video (Visual)

Please provide a related photo as it helps to describe your work.*

A picture is worth a thousand words, especially for visual learners. If awarded, this photo may be used for social media/marketing purposes. As such, we prefer high-resolution photo or video with front-facing animals or people engaged in activity related to your organization's good work.

Please include a line of text to describe the photo context as it relates to your work.

Character Limit: 1000 | File Size Limit: 5 MB

Optional: If you would like to share a video related to your work, please provide the weblink.

Character Limit: 2000

Optional Document Upload

Optional document to support application

Character Limit: 1500 | File Size Limit: 3 MB

Agreements & Authorizations

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