Request for Funding



Please fill out the entire form and provide requested documentation.

Your group must be a certified non-profit as the IRS regulations for the grant program, stipulate that we can only grant funds to certified non-profit groups, not individuals.

Please allow up to 60 days for response. If the need is urgent, please state reason and time frame for response.

MINIATURE AMERICAN SHEPHERD CLUB OF THE

UNITED STATES OF AMERICA

HelpRescueMAS@gmail.com

We only accept groups with no paid administrative costs/salaries

Organization Details					
Name of person making application:					
Name of Rescue Group affiliation (if a	pplicable) :				
Address:	City:	State:	Zip:		
Telephone:	E-mail:				
What is the best way to reach you?	☐ e-mail	□ phone			
Is this your first application for a gra Program?	ant from MASCUSA R	escue Grant	□Yes	□No	
Grant Overview					
Please describe the nature of the gran spay/neuter event, etc.). Include animultiple animals provide information	nal name and circum	stances of res			If for
Financial / funding information	n				
How much are you requesting?			\$		
Current grant limitation is up to \$100	00				
Is your rescue group a certified non-	profit?			□Yes	□No
If the answer is yes, please provide				1 168	LINU
_ Copy of IRS determination letter i	ndicating 501 (c) 3 ta	x exempt stat	us		
					1

It is a condition of the MASCUSA Rescue Grant Program that it may publicize grants that are made to you, via our website, newsletters, etc. Please confirm that this is acceptable to you. We encourage grant recipients to spread the word about our organization by submitting website information to our rescue committee for publication on our website, and including our information benefits and in newsletters etc. Declaration to be completed by all applicants I declare that the information given on this form is true and that any funds received would be so for use as detailed above. I understand that MASCUSA Rescue Grant Program has the right to deny my fund application for reason. I have fully completed this application form, and enclosed cost estimates. I understand that any enclosure will not be returned. I agree to make invoices/receipts available on request. I agree to abide by any conditions set out by MASCUSA Rescue Grant Program in making the grant Print name: Date: Signature: Additional Supporting Details
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Additional Supporting Details
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inicial use only
Application accepted: Check made out to:
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(Signed by Director)
(Signed by Director)
Check Number: Date: