## Franklin's Friends, Inc. Grant Application



Please return via email to franklinsfriends@gmail.com or fax to (407) 629-8803.

Franklin's Friends, Inc. is an all volunteer 501(c)(3) organization. Our mission is to support Central Florida animal welfare by fundraising for local nonprofit and government agencies that are dedicated to Shelter/Rescue, Spay/Neuter, or Community Education programs.

We will only grant funds to 501(c)(3) organizations or government agencies in Orange, Seminole Osceola, Volusia, Lake, Hillsborough, Brevard or Polk Counties. We will not consider applications from individuals. We will not provide grants for the purchase of property or buildings. We will not grant funds to organizations who do not treat heartworm positive dogs with immiticide injections unless they are applying for funds to allow them to do so.

All funds granted are restricted to the purpose specified in this application. Any organization receiving a grant from Franklin's Friends is required to furnish receipts monthly demonstrating how our funds were spent, post the grant on their social media, and display signage (we will provide) recognizing Franklin's Friends' gift.

Signature below confirms that all application information is correct and that you will meet the above requirements. Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_ Date: Amount Requested:\_\_\$1,000 \_\_\$2,500 \_\_\_\$5,000\_\_\$10,000 \_\_\_Other:\_\_\_\_ A. ORGANIZATION INFORMATION Name of Organization: Street Address: \_\_\_\_\_\_Zip Code: \_\_\_\_\_ City: Website: Check one:  $\square$  501(c)(3) IRS tax ID :  $\square$  Government Agency Contact name/Title: Street address (if different from above): City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_ Name of president, CEO or managing executive:

Phone Number: Email address:

### **B. EXECUTIVE SUMMARY**

Please attach a 1-2 page executive summary that includes:

- 1. Your organization's history, mission, and goals
- 2. A summary of your organization's current programs
- 3. How your organization would utilize Franklin's Friends Inc. funds. Please include a timeline for spending the funds and a quantifiable estimate of how the funds will further your mission (eg enable us to rescue 15 more dogs than last year; enable us to Spay/Neuter 100 more cats than last year, etc.)

### C. FINANCIAL INFORMATION

- If applicable please attach a copy of the current IRS determination letter indicating your organization's 501(c)(3) tax-exempt status.
- Please attach your organization's current annual operating budget and next year's operating budget, including expenses and revenue.
- Please attach your current balance sheet (assets/liabilities) and balance sheet from end of last year.
- Please attach your organization's most recent annual profit/loss statement and the current year to date profit/loss statement
- Please attach your organization's most recent IRS Form 990, 990E-Z, or 990N
- If you have paid staff please attach an itemized payroll with each position and salary
- Will you be able to comply with our requirement for monthly invoices?

#### D. ORGANIZATION LEADERSHIP

- Please attach your organizational chart with board, staff, and volunteer involvement
- Please attach a list of the Board of Directors and their business affiliations
- 1. Would your executive director be available to meet with members of the Board of Directors of Franklin's Friends, Inc.?
- 2. Would your Board President be available to meet with members of the Board of Directors of Franklin's Friends, Inc.?
- 3. How does your organization support fundraising events organized for you by outside supporters?

# **E. FOR ORGANIZATIONS THAT SHELTER OR FOSTER ANIMALS**

•	Please attach a letter of recommendation from a veterinarian that provides
	medical care to your sheltered/fostered animals.

1. What screening tests are performed upon intake of sheltered/fostered dogs	s?
2. What screening tests are performed upon intake of sheltered/fostered cats	?
3. What core vaccines are administered to all sheltered/fostered dogs?	
4. What core vaccines are administered to all sheltered/fostered cats?	
5. Briefly describe how your kennels are sanitized if applicable	
6. Briefly describe your policies to ensure parasite control	
7. Are sheltered/fostered dogs tested for heartworm?  If yes: a. How are they tested?	
<ul><li>b. Are heartworm positive dogs treated?</li><li>If yes, how are they treated?</li></ul>	
8. Please describe your policies regarding heartworm prevention	
9. If you are foster based, what are your requirements for foster homes? Pleas attach your foster application.	se

10. In the unfortunate event euthanasia is required, now it is performed?		
11. What percentage of all animals received are euthanized?		
12. What criteria do you use to determine which animals are euthanized?		
13. Would your organization be willing to have members of the Board of Directors of Franklin's Friends, Inc. tour your shelter/foster facilities?		
F. FOR ORGANIZATIONS THAT OFFER ANIMALS FOR ADOPTION		
1. How do you determine if a surrendered animal is healthy enough for adoption?		
2. How do you evaluate if a surrendered animal has a temperament suitable for adoption?		
3. If a surrendered animal is determined not to have a temperament suitable for adoption, what measures are taken to try to modify that temperament? How often are animal temperaments re-evaluated?		
4. What are your criteria for adoption? What is your adoption fee? Please attach your adoption application.		
5. What are your policies regarding spaying/neutering adopted animals?		
G. OTHER		
Please include any other information relevant to your application		