

Equine Guardians

equine.guardians.team@gmail.com

<https://equineguardians.org/>



Grant Application Form

Application for Financial Assistance for School Horses Displaced by Palatine Stables Closure

Applicant Information:

- Name: _____
- Address: _____
- City, State, ZIP Code: _____
- Phone Number: _____
- Email Address: _____

Horse Information:

- Horse Name: _____
- Age: _____
- Gender: _____

Current Boarding Information:

- Name of Current Boarding Facility: _____
- Address: _____
- City, State, ZIP Code: _____
- Monthly Boarding Cost: \$ _____
- Primary Contact at Facility: _____
- Phone Number: _____

Reason for Financial Assistance:

- Please describe why you are requesting financial assistance and how the funds will be used. Include details on the horse's care needs (e.g., board, farrier, veterinary expenses, etc.):

Requested Grant Amount: \$_____

Supporting Documents:

- Please attach the following documents:
 - Proof of horse ownership
 - A copy of the current boarding facility agreement.
 - Any relevant veterinary or farrier invoices.
 - Any relevant invoices to show expense being requested
 - **Note:** Grant applications must be submitted within **30 to 45 days of the date the expense was incurred**. Applications submitted outside this timeframe may not be considered

Agreement:

I, the undersigned, certify that the information provided in this application is accurate to the best of my knowledge. I agree to use any funds received for the purposes outlined in this application and to provide proof of expenditure upon request.

- **Signature:** _____
- **Date:** _____

Submission Instructions:

Please submit this completed form along with supporting documents to:

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