Angels for Animals MO

Animal Organization Application

Our Mission

The mission for **Angels for Animals MO** is to provide financial funding to animals, animal groups, and shelters in the State of Missouri for all purposes through fundraising events and donations.

Angels for Animals MO, a 501(c)(3) charity, supporting animal welfare. This application tells our board who you are, what you need, and how support would be used.

Who may apply? animal shelters, rescues, foster networks, TNR (trap-neuter-return) groups or individuals, spay/neuter programs, sanctuaries and pet food pantries that serve animals.

How to apply: complete the application below for all things that apply, attach the documents in the checklist and send the packet to Angels for Animals MO through ruthanne@angelsforanimalsmo.org. Incomplete applications may delay review.

Questions: Ruth Scheidegger, Board Chair, 314-412-0760 or ruthanne@angelsforanimalsmo.org

Section 1: Organization & contact information

Field	Your response
Legal name of organization	
Other names used (DBA)	
Mailing address	
Physical / facility address (if different)	
County where based	
Website	
Social media pages	
Main phone	
General email	
Year founded	
Primary contact name & title	
Primary contact phone & email	
How did you hear about Angels for Animals MO?	

Section 2: Legal & tax status

Field	Your response
Is your organization a 501(c)(3)? (Yes / No / Application pending)	
Federal EIN (Employer Identification Number), if applicable	
Type of entity (nonprofit corporation, unincorporated volunteer group, municipal, individual, other)	
Any pending legal actions, license violations or IRS issues? If yes, explain	

Section 3: Tell us about your organization

3.1 Mission. State your mission in two or three sentences.

3.2 Programs and services. Describe what you do day-to-day and who benefits.

3.3 Organization type (check all that apply): ☐ shelter with facility ☐ foster-based rescue ☐ TNR / community cats ☐ spay/neuter program ☐ sanctuary ☐ pet food pantry ☐ humane education ☐ individual

3.4 Size and reach (most recent full year):

Measure	Your response
Species served (dogs, cats, horses, wildlife, other)	
Animals taken in	
Animals adopted / placed	
Animals spayed / neutered	
Animals returned to owner or transferred	
Animals euthanized (and main reasons)	

3.5 Community impact. What would be missing in your area if your organization did not exist?

3.6 Partnerships. List veterinarians, shelters, rescues or businesses you work with regularly.

3.7 Success story. Share one recent example of an animal or family you helped (photos welcome).

Section 4: Your needs & request

4.1 Type of support requested (check all that apply): ☐veterinary expenses ☐ food and supplies ☐ equipment or facility repairs ☐ transport ☐ other: _____

Field	Your response
Amount requested ($)	
Total cost of the project or need ($)	
Date funds or support are needed by	
Is this a one-time need or ongoing?	

4.2 Describe the need. What problem does this request solve, and why now?

4.3 If partially funded. What would you do with a smaller amount?

Certification & signature

I certify that the information in this application is true and complete to the best of my knowledge. I am authorized to apply on behalf of this organization. If support is awarded, we agree to use it only as described, to provide a follow-up report and to allow Angels for Animals MO to recognize the partnership publicly.

Field	Response
Authorized signer name	
Title	
Signature	
Date	