



GOLDEN RETRIEVER FOUNDATION APRIL FUND GRANT APPLICATION

A tax-exempt organization
formed by the GRCA

6/15/09

1. Rescue organization _____

2. Mailing address _____

_____ Zip _____

Web site _____

3. Geographic area served _____

4. Contact person _____

Telephone _____ Fax _____

Please give a phone number that GRF may call to contact a person, NOT an automated voice mail number.

E-Mail _____

Address _____

(if check is to be mailed directly to contact person)

5. Amount requested \$ _____ *Refer to Guidelines for limits and eligibility.*

6. Name of Dog _____

7. Short description of medical procedures _____

Attach a copy of the veterinary receipt. Receipt must include itemization of services and costs, date that the services were performed, name of the dog and the group or individual that paid for the services. Please indicate which amounts pertain to this application. Pictures, histories or excessive documentation are not necessary.

8. Is this dog rescued from a puppy mill? Yes _____ No _____

9. Group's data on file with: NRC _____ GRF _____ Enclosed _____

In the form of: Current IRS form 990 _____ Current NRC rescue survey _____

GRF expects applicant programs to participate in the GRCA National Rescue Committee's annual survey and to be known to the NRC and listed on the state listings of rescue programs (www.grca-nrc.org).

10. Signature of Applicant _____ Date _____

Send completed application to:

Golden Retriever Foundation - 24313 SE 34th Place - Issaquah WA 98029