



## **Guidelines for Grant Seekers for Disaster Relief and/or Emergency Care for Puppy Mill Seizures**

This grant program is for nonprofit animal welfare organizations whose communities suffer the impact of **natural or other disasters as declared by a State or FEMA, or for non-profit shelters who are supporting the care of dogs from a national organization (ex ASPCA, HSUS, etc) or a local animal control agency leading a puppy mill seizure.** You may request up to \$5,000 in funding.

Grants will also be considered for organizations that have not been directly impacted by a disaster but are helping another organization in need such as the rescue and/or intake of animals and for puppy mill seizures.

**To qualify for Disaster Relief funding or emergency care funding for puppy mill seizures you must meet these guidelines for eligibility:**

- Nonprofit organizations with an animal welfare mission or a direct relationship with an animal welfare organization that is leading all or part of the effort for disaster relief or a puppy mill seizure where you are providing intake, medical care and placement for these dogs.
- Have been directly affected by a recent disaster or emergency situation and/or are assisting in an affected area.

**Grant funding can be used for:**

- Medical supplies and veterinary care treatment for pets
- Pet food, pet supplies, including crates, etc.
- Temporary shelter or boarding costs for rescued or at-risk pets
- Other immediately needed materials including cleaning supplies, tarps, bedding, blankets, etc. to keep pets safe and comfortable
- Transportation costs to rescue or relocate pets
- Other expenses related to providing temporary shelter for rescued pets including overtime salaries, rental equipment or facilities, cleanup costs, etc.
- Clean up/rebuild efforts for an impacted shelter during a natural disaster.

**To apply for a grant, please submit the following:**

- I. Completed Grant Application Form
- II. IRS 501(c)(3) Determination Letter

- III. Federation Tax ID/Employer Identification Number (EIN)
- IV. Narrative (general information about your organization, your mission, your programs, etc.)
- V. Please answer the following questions:
  - A. What is the recent disaster/situation, and what are your plans to provide assistance?
  - B. If for impacted shelter, what will funds support?
  - C. Estimate the number of pets this funding will impact. How many total pets does your organization expect to help?
  - D. Will you be collaborating with other organizations? If so, please list.
  - E. Estimate timeline for utilizing grant funds and how you will evaluate success of your efforts.
- VI. Total project budget and detail how our funds would be used.
- VII. Photos, stories, media, etc. about disaster situation, or puppy mill seizure and your impact in the field if available.
- VIII. List all funders for which you have received or requested funding for this project, and include amounts.

**Optional additional information:**

- I. Current organization's budget
- II. References from organizations with whom you collaborate or have firsthand knowledge of your organization.

## Application for Disaster Relief Grant or Emergency Care Funding for Puppy Mill Seizure

Date of Application: \_\_\_\_\_ First Time Application to Pedigree Foundation: (yes/no)

Please check either:  Disaster Relief  Emergency Care

If awarded previously by Pedigree Foundation, amount of last award:

\_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Head of Organization and Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Organization Phone Number: \_\_\_\_\_ Contact Person Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Project Name: (Include location of recent disaster and/or where funds will be used):

\_\_\_\_\_

Number of pets Impacted by this disaster and/or number of pets your organization expects to help:

\_\_\_\_\_

Number of pets would be helped by this funding: \_\_\_\_\_

List the states and counties reached by this funding: \_\_\_\_\_

Amount Requested (NOTE: You may request up to \$5,000 in funding) \_\_\_\_\_

Provide a brief summary of your funding request: \_\_\_\_\_

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Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Questions: Please contact [Info@pedigreefoundation.org](mailto:Info@pedigreefoundation.org) Phone: (615-807-4194/629-519-6263)