



GRANT FUNDING APPLICATION FORM

Electronic submission only.

**The completed application form with supporting documents should be submitted to:
Blaine Fisher at blaine@texasequineva.com.**

Project Title: _____

Name of Organization: _____

Organization's Mission Statement: _____

Year Founded: _____

Name of individual (*Must be primary contact for the requesting organization*):

Relationship of individual with organization for which funds are requested:

Total amount of funding requested: \$ _____

Date funds are needed by: _____

TEVA Member Veterinarian Reference (*Name and Phone Number*):

The request will support which TEVA Foundation goals (circle on or more)?

Education

Research

Benevolence

Leadership Initiatives

Provide a brief description of this request and describe how funds for this project will be used to directly impact the well-being of horses.

Budget: Provide a detailed budget of the project's expected expenses including a total of the overall anticipated funding requirements. *(PDF is acceptable)*

List all other sources of funding (for this project), including grants or donations by other individuals, corporations or charitable organizations **and the amount contributed by each source.****

Date(s) and location(s) of the program to be funded: _____

Target audience and/or population served: _____

How will a grant for this project impact future efforts? Is this grant part of a sustainable program? How will this grant contribute to sustainability of the program?

Describe how the request will support the goals of the Foundation circled above. Be as specific as possible and refer to the objectives listed on the Application Form.

* The TEVA Foundation considers each request carefully and deliberately, so requests should be made well in advance of the time needed. A total amount of funds needed is required to be considered.

Overhead/Indirect Costs:

Please be informed that the TEVA Foundation, Inc., a non-profit 501(c)(3) charitable organization, does not pay for overhead or indirect costs for research or project grants.

Contact Name: _____

Phone number: _____

Email address: _____

Mailing Address: _____

Website address: _____

EIN /Tax ID # _____

IRS letter confirming 501 (c)(3) tax-exempt status (Please attach)**

Submitted by: _____

Signature _____ Date _____

Signature indicates acceptance of the TEVA Foundation's requirements as stated in the application instructions document.

** Supporting documents may also be attached to the same email used for the application form. **PDF preferred.**

The completed application form with supporting documents should be submitted to:
blaine@texasequineva.com.