



Request for Funding

Paws-Ability
Post Office Box 6174
Ocean Isle Beach, NC 28469

Mail or e-mail completed form to: PawsAbility@Yahoo.com

Organization Details			
Name of rescue group making application:			
Name of person affiliated with rescue group.:			
Address:	City:	State:	Zip:
Telephone:	E-mail:		
What is the best way to reach you?	<input type="checkbox"/> e-mail	<input type="checkbox"/> phone	
Has organization 501 (c) 3 status changed since original information submitted? (if yes, please explain)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has organization Board of Directors changed? If so, please submit new Director list.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your organization has paid employees, has that list changed since submitted? If so, submit new list.			

Overview			
Does the animal come from Brunswick County, NC?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the animal come from BCAPS or owner surrender?			
Please describe the nature of the request in no more than 50 words. Include animal(s) name(s) and circumstances if possible			
Financial / funding information			
Total funds requested?	\$		
Please attach budget estimates or receipts?			
If request is facility related & mandated by the Department of Agriculture, please attach NC Inspection Report. The report will indicate what item(s) need to be addressed in order to comply with regulations.			
Publicity			
It is a condition of Paws-Ability that it may publicize distributions that are made via our website, newsletters, etc. Please confirm that this is acceptable to you.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
We encourage recipients to spread the word about Paws-Ability by linking websites to our site and including our information at benefits and in newsletters etc. Any publicity you generate regarding Paws-Ability MUST be approved by one of our Directors prior to publication.			

Declaration to be completed by all applicants	
<ul style="list-style-type: none"> I declare that the information given on this form is true and that any funds received would be solely for use as detailed above. I understand that Paws-Ability has the right to deny my fund application for any reason. I have fully completed this application form, and enclosed cost estimates. I understand that any enclosure will not be returned. I agree to make invoices/receipts available on request. I agree to abide by any conditions set out by Paws-Ability in making the distribution. 	
Print name:	Date:
e-mail of this form constitutes an electronic signature to the above conditions.	

For official use only

Application accepted: _____
(Signed by Director)

Application denied: _____
(Signed by Director)

Comments: _____

Check made out to:

Check Number: _____ Date: _____