



MAKING A DIFFERENCE

GRANT APPLICATION

Applications for grants *must be submitted on this form*. No exceptions will be allowed, nor will other forms or formats be reviewed. Applications and required documentation become the property of the USHJA Foundation (the “Foundation”) and cannot be returned.

All answers must be **typed**.

GENERAL CATEGORY: Medical/Non-Medical Research
 Educational
 Equine Welfare Program
 Other, Please Describe: _____

TITLE OF PROJECT: _____

APPLICANT/ORGANIZATIONAL SPONSOR (Legal name): _____

ADDRESS: _____

PHONE NO.: _____

E-MAIL ADDRESS: _____

FEDERAL TAX ID#: _____

CONTACT PERSON:

Name: _____

Address: _____

Phone No.: _____

E-mail: _____

PROJECT ADMINISTRATOR:

Name: _____

Address: _____

Phone No.: _____

E-mail: _____

TOTAL PROJECT BUDGET:\$ _____

AMOUNT OF FUNDS REQUESTED:\$ _____

PROJECTED START DATE PROJECT/GRANT FUNDING: _____

PROJECTED END DATE OF PROJECT/GRANT FUNDING: _____

TOTAL NUMBER OF MONTHS/YEARS FOR PROJECT: _____

I. AGENCY

Briefly describe the organization or agency which is sponsoring the project.
(Attach and label additional information, if necessary)

II. PROJECT SUMMARY

Briefly and clearly describe the goals and purpose of this project and the constituents to be served by the project. Describe specifically the objectives of this project and how it will help the Hunter/Jumper community. (Attach and label additional information, if necessary)

III. THE UNMET NEED

Describe the need for this program. (Attach and label additional information, if necessary)

IV. BUDGET

a. A line item budget for this project is required/projections if the agency or organization is a start-up. [Please attach]

b. Has the organization ever been funded in the past 2 years by the USHJA, USEF, AHJA or any other organization?
YES NO

If YES, list years, amounts requested, amounts received, and actual amounts expended on the project.

c. Is the organization currently applying elsewhere, other than the USHJA Foundation for financial support for this project?
YES NO

If YES, specify: _____

d. Does the organization have any other sources of funding for this project?
YES NO

If YES, specify: _____

V. AFFILIATIONS:

Does the applicant, agency or organization have a family or business relationship with any USHJA Foundation Officer or Board Member?

YES NO

If YES, specify: _____

VI. PUBLICITY:

USHJAF reserve the right to use information about your case in our fundraising efforts. Please state any reasons you request this grant NOT be used for publicity.

VI. DOCUMENTATION Applications must be accompanied by:

- a. A line item budget for this project.
- b. An approved resolution or statement from your governing body, signed by its President/Chairman, authorizing submission of this proposal to the USHJA Foundation.
- c. Letters or evidence of other funding sources for the project, if any.
- d. Evidence of Federal and/or State tax exemption.

I verify that the information contained in this application is true and correct, and I acknowledge and understand that any misstatements may result in the application being eliminated from consideration. I acknowledge and understand that the acceptance of this application for consideration for a grant remains at the sole discretion of USHJA Foundation. I acknowledge that if approved for a grant the USHJA Foundation reserves the right to use the information provided in this application for promotional purposes in media buys and editorial purposes. Please be advised: The typing of your name below shall be considered to be an electronic signature and shall be considered to have the same legal effect and validity as your handwritten signature. Therefore, in so typing your name in the fields below, you are confirming this verification statement and the truth of the contents of the application.

SUBMITTED THIS _____ DAY OF _____, 20__

Signature

Name

Title

Mailing Address and City/State/Zip

Email Address

Telephone No. Fax No.