



**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)\_\_\_\_\_

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**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)

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**III. THE UNMET NEED**

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

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**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 \_\_\_\_\_(name of 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.

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c. Is \_\_\_\_\_(name of organization)\_\_\_\_\_ currently applying elsewhere, other than the USHJA Foundation for financial support for this project?

YES \_\_\_\_ NO \_\_\_\_

If YES, specify:\_\_\_\_\_

d. Does \_\_\_\_\_(name of 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.

By signing below, I acknowledge and agree that the information contained in my application and supporting materials is accurate and true. I further acknowledge and agree that if any information has been fraudulently submitted, USHJA Foundation reserves all rights to deny this application and pursue any and all appropriate remedial action, including legal remedies.

SUBMITTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2011 \_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address and City/State/Zip

\_\_\_\_\_  
Telephone No.                      Fax No.