

# **GREY MUZZLE GRANT APPLICATION 2023**

## **ORGANIZATION INFORMATION**

Name:
Employer Identification # (EIN):
Address:
City; State; Zip:
Phone Number:
Email:
Website:
Contact Person:
Title:
Phone:
Email:
Are you:
() An open admission shelter
() A limited admission shelter
() A rescue
() Other:
What geographic area do you serve?
Current organization budget
Total organization revenue from the most recent 990:
Total organization expenses from the most recent 990:
If there is more than a 10% difference between your revenue and expenses, please explain why. Please explain regardless of whether your expenses are 10% more than your revenue or 10% less than your revenue.
Please indicate the current number of board members, staff, and volunteers:
Board Members
Staff
Volunteers



### **ANIMAL STATISTICS**

	Please pro	ovide the	following	information	for the	previous :	year (	[2022]	):
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Total number of animals:

Total number of dogs:

Total number of senior (age 7 and up) dogs:

Please provide the following information for dogs **currently** in your care:

Number of dogs currently in your care:

Number of senior (age 7 and up) dogs currently in your care:

Does your organization currently participate in Shelter Animals Count? If not, please note that Grey Muzzle grantees will be required to participate in Shelter Animals Count, submitting basic data on animals in your care.

### HOUSING

Please indicate the types of housing arrangements for dogs in your care:

### **MEDICAL SERVICES**

Do you have onsite veterinary staff? If so, how many?

What routine intake medical services do you provide?

Please explain how you handle any out-of-the-ordinary medical and/or dental expenses, including emergency services?

### **CURRENT PROGRAMS**

Do you have an adoption program? () Yes () No; If Yes, please provide a brief description.

Do you have a foster program? () Yes () No; If Yes, please provide a brief description.

Do you have a hospice or home care program? () Yes () No; If Yes, please provide a brief description.

Do you have a prevention/intake diversion program to help keep pets in their homes? () Yes () No; If Yes, please provide a brief description.

Please describe any other programs you provide in addition to the above:



### PROGRAM DESCRIPTION

Please answer the following questions about the program for which you are seeking Grey Muzzle funding.

1.	For what type of program are you <i>primarily</i> seeking funding (please check only one):
	□ Medical
	□ Dental
	□ Hospice
	☐ Seniors for Seniors adoption program
	☐ Therapy dog training
	☐ Keeping senior dogs in their homes (prevention/intake diversion)
	☐ Other (please describe)
	If you will be providing additional types of programs with this funding, please check all that apply:
	□ Medical
	☐ Dental
	□ Hospice
	☐ Seniors for Seniors adoption program
	☐ Therapy dog training
	☐ Keeping senior dogs in their homes (prevention/intake diversion)
	☐ Other (please describe)
2.	What grant funding amount are you requesting from The Grey Muzzle Organization?
3.	Approximately how many senior dogs do you anticipate serving under this grant?
4.	Have you received a grant from The Grey Muzzle Organization previously? ( ) Yes ( ) No $$
	If Yes, please list the date(s) and amount(s) of previous grants from The Grey Muzzle Organization.
	a. If you currently have a Grey Muzzle grant, what percent of the grant do you have remaining?
5.	Is this a new program or a supplement to an existing program?
	a. If this is a new program, what groundwork has taken place to prepare to implement the program?



- 6. Please state the need you are trying to address. How do you know this issue requires attention? (What evidence/data do you have that it is a problem? Please provide data and/or information specific to your community or locality.)
- 7. How will your proposed program address the problem? Discuss the resources required to carry out the program, the activities the program entails, and the intended outcomes.
- 8. What staff or other resources from your organization are required to implement the program? Who specifically in your organization will be responsible for identifying senior dogs who will benefit from this grant?
- 9. Grey Muzzle values and encourages collaboration. What other organizations or entities will you partner with to implement this program, and what specifically will you do with those organizations?
- 10. How does your organization proactively promote diversity, equity, and inclusivity within your organization and in your work with the community?
- 11. Please describe how you will specifically measure your progress toward addressing the need you identified in Question 6 and the measurable results you intend to achieve. (Note: Please describe measurable results and your plan to track that data. Examples of measurable results can be found on our Grant Q & A page at http://www.greymuzzle.org/grants/faqs.)
- 12. How will you sustain the program when Grey Muzzle funding ends?
- 13. Please briefly describe your financial management practices, including who manages your organization's revenue (i.e., volunteer or paid staff), the type of software or system used, and who will manage this grant.

### **OPTIONAL OUESTIONS**

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senior dog feasible wi	s. The following que	stions will hel ue burden on	p us assess wh grantees. We v	nether collectin welcome your l	g this type of data wou nonest input, and the l be evaluated.		
	xely is it that you cous (under 7 years old)		•	1 0	ior (7 or older) and no	n-	
☐ Intake numbers (broken down by stray, owner surrender, and transfer in from another organization)							
	Very likely	Likely	Unsure	Unlikely	Very unlikely		



	Intake diversion/prevention (i.e., number of dogs you returned to owner or otherwise helped to remain in their homes)						
	Very likely	Likely	Unsure	Unlikely	Very unlikely		
	Outcome numbers (broken down by adoption, euthanasia, return to owner, transfer out to another organization, and hospice/long-term foster)						
	Very likely	Likely	Unsure	Unlikely	Very unlikely		
	☐ Average length of stay						
	Very likely	Likely	Unsure	Unlikely	Very unlikely		
	Average cost of care						
	Very likely	Likely	Unsure	Unlikely	Very unlikely		
	uch time do you think s versus non-senior do				eport three years of data for		
	Up to 3 hours	4-6 hours	More than	6 hours			
ATTACH	IMENTS TO APPL	ICATION					
<ul><li>☐ Mi</li><li>☐ 50</li></ul>	ving documents must ission Statement 1(c)(3) Letter S Form 990	be attached i	n order for y	our application	n to be considered.		
	nrent Operating Budg nual budget.)	get for Organi	zation (Note	: This is your	organization's overall		
<ul> <li>□ Program Budget (Note: This is the budget that shows how you will allocate the funding you are requesting from Grey Muzzle. Please use the GMO budget template)</li> <li>□ Euthanasia Policy</li> </ul>							
PERMIS	SION						
	ermit The Grey Muzz he grant application.	zle Organizati	ion to make i	inquiries about	t this organization to help		
Signature: Title:			Please Pri	nt Name:			



### **EVALUATION CRITERIA**

### **Programmatic Evaluation Criteria**

- 1. The need for the program is clearly demonstrated and supported, whenever possible, with data.
- 2. The program model is clearly articulated. That is, the resources needed to implement the program, the program activities, and the program outcomes are clearly articulated and logically connected.
- 3. There is evidence of adequate staff, infrastructure, and groundwork to carry out the program as planned.
- 4. There is evidence that the organization will work collaboratively with other organizations.
- 5. There is evidence that the organization has thought honestly about disparities that exist within their organization and community and is taking steps to address those disparities.
- 6. There are measurable outcomes and a plan to collect related data.
- 7. The plan to sustain the program beyond Grey Muzzle funding is clear.

### **Budget Evaluation Criteria**

- 1. It is clear how the funds will be used.
- 2. The amount requested is consistent with and reasonable concerning the number of dogs who will be helped.
- 3. Costs are sufficiently justified.
- 4. There is evidence of adequate staff and infrastructure to manage the grant funds and provide financial oversight.