



# GOLDEN RETRIEVER FOUNDATION APRIL FUND GRANT APPLICATION

A tax-exempt organization  
formed by the GRCA

Revised 09/08/2015

1. Rescue organization \_\_\_\_\_

2. Mailing address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Web site \_\_\_\_\_

3. Geographic area served \_\_\_\_\_

4. Contact person \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

*Please give a phone number that GRF may call to contact a person, NOT an automated voice mail number.*

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

*(If check is to be mailed directly to contact person)*

5. Amount requested \$ \_\_\_\_\_ *Refer to Guidelines for limits and eligibility.*

6. Name of Dog \_\_\_\_\_ (please include a full body photo)

7. Short description of medical procedures \_\_\_\_\_

\_\_\_\_\_  
*Attach a copy of the veterinary receipt. Receipt must include itemization of services and costs, date that the services were performed, name of the dog and the group or individual that paid for the services. **Please indicate which amounts pertain to this application.***

8. Is this dog rescued from a puppy mill? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Group's data on file with: NRC \_\_\_\_\_ GRF \_\_\_\_\_ Enclosed \_\_\_\_\_

In the form of: Current IRS form 990 \_\_\_\_\_ Current NRC rescue survey \_\_\_\_\_

*GRF expects applicant programs to participate in the GRCA National Rescue Committee's annual survey and to be known to the NRC and listed on the state listings of rescue programs ([www.grca-nrc.org](http://www.grca-nrc.org)).*

10. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Send completed application to:

Golden Retriever Foundation – 6095 Clovergreen Place – St. Louis, MO 63129-2193