American Horse Rescue Network (AHRN) Grant Program

AHRN grants are given to organizations that demonstrate a need in any, but not limited to, the following categories: a) Gelding Fund; b) Euthanasia Fund; c) Hay Fund (including feed and supplements); d) Emergency Medical/ Dental/ Farrier Fund; e) Disaster Fund (natural or man-made); f) Horse Rescue, Rehabilitation and Foster Care Fund; and g) Programs involving the education of youth with emphasis on teaching respect and care for all equines.

Minimum Eligibility Requirements

1. The organization is located in a U.S. state or territory

2. The organization is defined as tax-exempt under IRS code section 501c3 public charities and has been in existence for at least one full operating year as a 501c3.

3. The organization keeps accurate and complete financial records on file. The organization regularly produces, at least annually, the following financial statements: a) Statement of Financial Position, also known as a Balance Sheet; b) Statement of Activities, also known as a Statement of Revenues and Expenses, Operating Statement, Income Statement or Profit and Loss Statement; and c) Statement of Cash Flow.

4. The organization maintains a bank account, keeps personal and organization business separate, and properly records all contributions, petty cash transactions, and loans to the organization. There is a checking account registered in the organization's name that is used only for the organization's financial transactions. Personal business is kept completely separate from the organization's business.

AHRN Grant Program Application

To apply for a grant from the American Horse Rescue Network, please send your completed application form along with other required documents listed below and mail them to:

American Horse Rescue Network
PO Box 694
Hugo MN 55038-8389

Name of Organization (*The Applicant*):

_____

Name/title of contact person: _____

Phone: _____

Organization address: _____

_____

Mailing address if different from above: _____

_____

Email address: _____

How many and what types of equines are in need of assistance?

_____

_____

Describe the type of assistance required (attach additional pages if necessary):

_____

_____

Your veterinarian's contact information:

Name:_____

Office Address:_____

Phone:_____

Date of last vet exam for all the animals you are contacting us about:

_____

_____

Date of last dental work for each animal: _____

_____

Are there any pregnant mares at your location? _____ If yes, how many? _____

Is a pregnant mare one of the animals you are contacting us about? _____

Name and phone number of your current feed supplier:

_____

_____

Please review the statements below and initial each to confirm that you understand and agree:

____ I agree to allow a representative of AHRN and/or an animal care professional to visit my property to assess the needs of all equines there, and I agree to AHRN follow- up visits as needed.

____ I understand that any AHRN resources that I receive may not be sold, given away or transferred.

____ AHRN or its representative has my permission to contact my veterinarian with questions regarding the past, present, or ongoing health of my horses.

____ I do not engage in the breeding of equines.

____ I agree to allow photographs or video to be taken of the equines for which I am requesting assistance and I agree that AHRN or its representative has permission to use the photographs or video at their sole discretion for the care of the equines or in support of the mission of AHRN.

Please briefly describe your current situation and any plan or arrangements you have to help remedy it. Use the back of this application or add additional pages if needed.

_____

_____

_____

_____

Signature: _____ Date: _____

Please attach the following additional information to this application:

1. A copy of your 501C3 determination letter

2. Your mission statement and bylaws

3. Names and contact information of your Board of Directors

4. Latest annual income (line 12 on the IRS 990) and your total expenses (line 17 on the IRS 990)

5. List of accreditations or groups that endorse your organization

_____

Grant Purpose

The *Applicant* agrees to use this grant for the purpose of

_____

_____

The goals of this program are to

_____

_____

Periodic Reports

The *Applicant* agrees to supply AHRN with reports every three months following receipt of the grant. Each report will include:

1. a description of the progress of the program,

2. a description of materials developed for the public awareness campaign, and

3. an accounting for each expenditure of the grant funds.

501c3 Status

The *Applicant* represents and warrants that the Internal Revenue Service (IRS)recognizes it as a 501c3 tax-exempt organization.

The *Applicant* also represents that it will only use funds from this grant for a public purpose as required by IRS regulations 501c3 and as described in this agreement and not for the benefit of private interests.

No Lobbying

The *Applicant* agrees that no portion of the grants funds will be used for any of the following:

(i) to lobby or otherwise attempt to influence legislation,

(ii) to influence outcome of any specific public election or participate or intervene in any political campaign on behalf of any candidate for public office or conduct, directly or indirectly, and

(iii) to support or oppose any elected official or candidate for public office.

Publicity

The *Applicant* agrees that AHRN may issue reports or statements to its members, the media and the public about the grant program and AHRN's support of the program. This includes, but is not limited to, websites, newsletters, press releases, magazine articles, blogs and podcasts.

Co-Branding

The *Applicant* agrees to include the name and logo of AHRN on all publicity and educational materials relating to this grant program. The *Applicant* will also endorse or describe AHRN as a major sponsor or organization that has funded this project in all its announcements, press releases, media interviews, or information and materials disclosed or disseminated in connection with the program.

AHRN has the right to have additional AHRN logos and information put on the materials it disseminates about the program.

Photo, Video, Digital and Audio Release

The *Applicant* agrees to send to AHRN photographs and video/audio recordings of the program activities and all marketing and publicity of the program.

The *Applicant* gives AHRN permission to use these photographs in any way chosen by AHRN in its sole discretion.

The *Applicant* agrees to send photographs and video/audio recordings of specific activities about the grant program

if requested by AHRN The *Applicant* grants to AHRN permission and rights to photograph, video and audio record any event. The *Applicant* grants permission to AHRN rights to use such photographs, videos or digital images and voices. This release covers all photos, videos, and audio recordings made by AHRN or its employees, contractors or agents. This includes all images and recordings made in the past or that may be made in the future during the grant period.

The *Applicant* understands and agrees that these photographs, videos, or digital images and recordings may be used by AHRN at its sole discretion including for identification purposes, to promote or report about AHRN's events, activities and mission, to raise donations or for other purposes. This includes, but is not limited to, any royalties, proceeds, or other benefits derived from such images or recordings.

This release stays in effect even after the end of the grant period.

The *Applicant* further agrees not to make any claim against AHRN or its employees, contractors or agents for the use of these photographs, videos or digital image or voice recordings.

The *Applicant* understands this agreement releases and forever discharges AHRN from any liability to The *Applicant*, its successors, and assigns with respect to personal injury, property damage or other loss or damages that may result as a result from the making and use of photographs, videos or digital image or voice recordings.

Non Disparagement

The *Applicant* agrees not to disparage AHRN during the grant period and for **three years** following the last disbursement from AHRN to The *Applicant*.

Survival of Terms

The intellectual property rights, including the rights to use photos, digital, audio and video materials, agreed to in this agreement survive the contract term. The releases and indemnity agreements are perpetual. The Non Disparagement clause survives for three years following the last disbursement from AHRN The *Applicant*.