



CITY OF
Lethbridge

Non-Veterinary Assistance for Animal Rescue Organizations Application

Purpose:

The purpose of this funding is to provide Lethbridge-based animal rescue organizations with financial assistance for non-veterinary costs. Since other funding programs can be accessed for larger amounts and other purposes, this program is capped at \$10,000 per year and recipients will be determined on a quarterly basis until the annual funds are expended.

Limitations:

- 1) Funding under this program is limited to \$5000 per organization per year.
- 2) Funding will **not** be provided for costs related to veterinary care, including, but not limited to:
 - a) emergency veterinary care;
 - b) spay/neuter services;
 - c) vaccinations.
- 3) Funding is intended to assist with costs related to the care of animals, including, but not limited to:
 - a) food;
 - b) shelter structures;
 - c) litter and litter pans;
 - d) blankets;
 - e) toys;
 - f) fans/heaters;
 - g) leashes and collars.
- 4) Applicants must be based in Lethbridge.
- 5) The animals rescued by the applicant must, predominantly, originate within the City of Lethbridge boundaries.

This funding has resulted from City Council Budget 2019-2022 Initiative N-82 and \$10,000 will be available each of those years for the above purposes. Funds must be expended within 12 months of receipt of the funds and unexpended portions thereof will be returned to the City of Lethbridge.

For more information, please contact:

Sheri Merchant

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Non-Veterinary Assistance for Animal Rescue Organizations

APPLICATION - (REVISED FROM BUDGET 2019-2022 N-82 NON-VETERINARY FUNDING FOR ANIMAL RESCUE)

INSTRUCTIONS:

Please complete parts A and B and date the form in Part C.
Include information outlined in attached project schedules as required.

PART A – APPLICANT INFORMATION

ORGANIZATION

Formal legal name, as it appears on Certificate of Incorporation (cheque will be made payable to name of organization as it appears here) -
ORGANIZATION MUST BE BASED IN THE CITY OF LETHBRIDGE

LEGAL STATUS

Incorporated Yes In Process
 No Act Incorporated Under _____ Date Applied _____

Organizations that are not incorporated may apply under the auspices of an affiliate or sponsoring organization. If this is your situation, complete the following information regarding Affiliate Organization.

4. Affiliate Organization:

Legal Name of Affiliate _____ **MUST BE BASED IN THE CITY OF LETHBRIDGE.**
(as it appears on the Certificate of Incorporation).

5. Incorporation Number of Affiliate _____ 6. Act Incorporated Under _____

The undersigned officer of the affiliate organization hereby gives permission for the above named applicant to utilize our incorporation number for the purpose of obtaining funding through the Non-Veterinary Assistance for Animal Rescue Organizations Program.

PART B – CONTACT INFORMATION

Contact Person's Name Mr. Mrs. Miss Other Title
Street Address (City, Province/Territory, Postal Code) Mailing Address (if different)

Office Tel. No. Residence Tel. No. Fax Email Website
() () ()

Date: _____
Month Day Year

OFFICE USE ONLY **Date Received**

PART C – AFFIRMATION

APPLICANT AGREEMENT:

**I DECLARE THAT:
I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION.**

- The information contained in this application and supporting documents is true and accurate and endorsed by the above organization.
- The funding will benefit the general public and not specific individuals/families.
- An accounting of the expenditures, showing compliance with conditions of the grant shall be provided at completion of the project.
- Any grant awarded shall be used solely for the purposes stated within this application unless otherwise agreed to by the City of Lethbridge.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the City of Lethbridge representatives.

AUTHORIZED SIGNATURE

Authorized Signature (in blue ink) Name and Title (please print) _____
Date

