Non-Veterinary Assistance for Animal Rescue Organizations Application
From 2019-2022 Budget Initiative N-82

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 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.

2)   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.

3)   Applicants must be based in Lethbridge.

4)   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.

For more information, please contact:

Sheri Merchant
Bylaw Enforcement Officer
403 320 3169
Sheri.merchant@lethbridge.ca

Non-Veterinary Assistance for Animal Rescue Organizations Application

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

❑ Yes ❑ In Process

Incorporated   Incorporation Number _____

❑ 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 and spending, 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

Please complete the following

Project/Initiative Name:
Type of Project/Initiative:
Location of Project/Initiative:
Date(s) of Project/Initiative:

#1. Give a description of the purpose for the financial assistance and how your organization is planning to utilize the funding:

#2. How does your project/initiative connect to your organization's mission/vision?

#3 How will you ensure that your project/initiative gives credit to the City of Lethbridge as a funding source?

Has your organization received funding from the City of Lethbridge in the past?
❏ Yes   ❏ No

If yes, include the name of the most recent funding, the year in which it took place, the amount awarded and indicate if a follow-up report was submitted.

_____	_____	_____	Follow-up Report Submitted: ❏ Yes
Name	Year	$ Amount	❏ No

PROJECT/INITIATIVE BUDGET

The project must be balanced which means that the anticipated revenue plus the funding requested must equal the planned expenditures.

A-PLANNED EXPENDITURES (itemize and list costs)		B-ANTICIPATED REVENUE • Financial support from other organizations, and provincial/federal governments. • Funding from your organization. • Donations in kind (itemize & list estimated donations)	
		Financial Support	
		Donations in kind	
		Funding from your organization	
		Total anticipated revenue (B)	
		C-FUNDING REQUESTED	
		Total anticipated expenditures (A)	
		<u>Minus</u> total anticipated revenue (B)	
		Funding Requested (C)	
		List specific items to be paid for from the funding: $	
Total planned expenditures (A)			

IMPORTANT REMINDER:	
Veterinary costs, Veterinary-related costs (such as medication) and salaries of organizers are not eligible for support.	
In accordance with due diligence requirements, please ensure that the application form is complete, that all budget calculations are correct and all required documentation has been provided.	
Failure to follow these directives may delay processing of the application.	**TOTAL FUNDING REQUESTED = (C) $_____**