

### 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 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) The applicant may apply for **up to** \$5,000.00 within a 12-month period from the date of their last application.
- 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.
- 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 2023-2026 and \$10,000 will be available each of those years for the above purposes.

For more information, please contact:

Regulatory Services: 403-320-3074 Email applications to: regulatoryservices@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 – APPLICA	NT 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					<b>♦</b> 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:								
_	ate		MUST BE BASED 1	IN THE CITY OF LETHBRIDG	Е.			
` ''	e Certificate of Incorporat	ion).	6 /	Act Incorporated Under				
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 – CONTAC	T INFORMATION							
	☐ Mr. ☐ Mrs. ☐ Mis	ss 🗖 Other	Title					
Street Address (City, Province/Territory, Postal Code)		e)	Mailing Address (if different)					
Office Tel. No.	Residence Tel. No.	Fax		Email	Website			
( )	( )	( )						
Date:								
Month	Day	Year						
OFFICE USE ONLY		Date Receiv	/ed					
PART C – AFFIRMA	ATION							
APPLICANT AGREEMEN	IT:							
I DECLARE THAT: I AM A DULY AUTHORI ORGANIZATION.	ZED REPRESENTATIVE	HAVING LEGAL	AND/OR FINANC	CIAL SIGNING AUTHORITY	FOR THE ABOVE			
	ontained in this application	n and supporting d	locuments is true a	nd accurate and endorsed by th	ne above organization.			
The funding will benefit the general public and not specific individuals/families.								
<ul> <li>An accounting and spending, showing compliance with conditions of the grant shall be provided at completion of the project.</li> <li>Any grant awarded shall be used solely for the purposes stated within this application unless otherwise agreed to by the City of Lethbridge.</li> </ul>								
<ul> <li>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.</li> </ul>								
AUTHORIZED SIGNATURE								
Authorized Signature		Name and 7	Title (please print)		Date			



# Please complete the following

Project/Initiative Name:					
Type of Project/Initiative:					
Location of Project/Initiative:					
Date(s) of Project/Initiative:					
<b>#1.</b> Give a description of the po	urpose for the fi	inancial assistance a	and how your c	organization is planning to utilize t	the funding:
#2. How does your project/init	iative connect t	o your organization'	's mission/visio	n?	
#3 How will you ensure that yo	our project/initia	tive gives credit to t	the City of Leth	nbridge as a funding source?	
Has your organization received for the second secon	No			e, the amount awarded and indic	ate if a follow-up report
Name	Year	\$ Amount		Follow-up Report Submitted:	☐ Yes ☐ 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		B-ANTICIPATED REVENUE		
(itemize and list costs)		Financial support from other organizations, and		
		provincial/federal governments.		
		<ul><li>Funding from your organization.</li><li>Donations in kind (itemize &amp; list estimated</li></ul>	donations)	
		Financial Support	l	
		гнанса Зиррогс		
		Develope to Unit		
		Donations in kind		
		Funding from your organization		
		Total anticipated revenue (B)		
		C-FUNDING REQUESTED	T	
		Total anticipated expenditures (A)		
		Minus total anticipated revenue (B)		
		Funding Requested (C)		
		List specific items to be paid for from the fund \$	ling:	
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 but				
calculations are correct and all required documen				
been provided.				
Failure to follow these directives may delay processing of the application.	y	TOTAL FUNDING REQUESTED = (C) \$		
processing or the application.				