



WILMINGTON FUR BALL

PO Box 16055 Wilmington, NC 28408



FOUNDATION

Request for Funding

Please fill out entire form and mail to:
Wilmington Fur Ball
PO Box 16055
Wilmington, NC 28408

Organization Details			
Name of person making application:			
Name of Rescue Group affiliation if applicable:			
Address:	City:	State:	Zip:
Telephone:	E-mail:		
What is the best way to reach you?	<input type="checkbox"/> e-mail	<input type="checkbox"/> phone	
Are you a 501 (c) 3, tax-exempt organization? (if yes, please attach copy of IRS Letter of Tax Exemption)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Board of Directors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list your Management staff/officers (name, title)			
Does your organization have paid employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify how many and their respective roles.			
Please describe your organization's financial accountability. Do you have a separate account for your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you audited independently on an annual basis?			
Is this your first application for funds from Wilmington Fur Ball?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Overview			
In what county is your rescue facility located?			
Please describe the nature of the request in no more than 50 words. Include animal(s) name(s) and circumstances if possible.			
Financial / funding information			
How much are you requesting?	\$		
Do you have budget estimates or receipts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name of organization who will receive direct payment:			
Address:	City:	State:	Zip:

Telephone:	E-mail:
Contact person or additional information:	
If request is facility related mandated by the Department of Agriculture, please attach North Carolina Inspection Report. The report will indicate what item(s) need to be addressed in order to comply with regulations.	
If request is food related, please attach prescription from a veterinarian for prescription/special diet food.	
Please attach suppliers' or providers' cost estimates if available.	
Publicity	
It is a condition of Wilmington Fur Ball that it may publicize distributions that are made via our website, newsletters, etc. Please confirm that this is acceptable to you.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list ways that Wilmington Fur Ball might be recognized for awarding funds to your organization:	
We encourage recipients to spread the word about our organization by linking websites to our site and including our information at benefits and in newsletters etc. Any publicity you generate regarding Wilmington Fur Ball MUST receive sign-off from one of our Directors prior to publication.	

Declaration to be completed by <u>all applicants</u>	
<ul style="list-style-type: none"> • I declare that the information given on this form is true and that any funds received would be solely for use as detailed above. • I understand that Wilmington Fur Ball has the right to deny my fund application for any reason. • I have fully completed this application form, and enclosed cost estimates. • I understand that any enclosure will not be returned. • I agree to make invoices/receipts available on request. • I agree to abide by any conditions set out by Wilmington Fur Ball in making the distribution. 	
Print name:	Date:

Additional Supporting Details

Please photocopy this application for your personal record.

For official use only

Application accepted: _____
(Signed by Director)

Check made out to: _____

Application denied: _____
(Signed by Director)

Check Number: _____ Date: _____

Comments: _____
