



2017 GRANT APPLICATION

Complete this application if your organization cares for horses and offers one or more of the following:

- 1- THOROUGHBRED REHABILITATION, RETRAINING, REHOMING AND/OR RETIREMENT, or**
- 2- Any type of EQUINE-ASSISTED THERAPY with three or more Thoroughbreds in the program**

Thank you for your interest in Thoroughbred Charities of America. Our mission is to *provide a better life for Thoroughbreds, both during and after their racing careers, by supporting qualified repurposing and retirement organizations and by helping the people who care for them.* If your organization works to uphold our mission and is a 501 (c) (3) organization we invite you to submit a grant application.

1. This grant application and all required supporting documents (found on page two) are required to be postmarked by March 15, 2017.
2. All applications must be **typed** and mailed to the address specified on page two. Illegible and handwritten applications will be disqualified. Faxed or emailed applications will be disqualified.
3. Grant applications should be concise but complete. Please **do not use folders, binders or other bulky packaging. Do not submit CDs or DVDs.**
4. Joint applications will not be accepted.
5. TCA does not provide seed money, fund proof of concept requests or fund first year organizations.
6. All applications will be reviewed and considered at our Board of Directors meeting in May. Grants will be distributed to all approved applicants in June.
7. There are several supporting documents that must be enclosed with this grant application. Please consult the list found on page two to ensure you have included all required documentation. **Incomplete applications will be disqualified.**
8. On occasion, TCA works with accrediting bodies including the Global Federation of Animal Sanctuaries and the Thoroughbred Aftercare Alliance to gather information about our grant applicants. TCA may share information we collect from applicants with these accrediting bodies.
9. On occasion, TCA may share information submitted by applicants with our donors.

Please sign below to indicate that you have read and understand the above stated information. **This page must accompany your completed grant application.**

Signature of Grant Writer: _____ Date: _____

CHECKLIST FOR THOROUGHBRED REHABILITATION, RETRAINING, REHOMING AND/OR RETIREMENT, AND EQUINE- ASSISTED THERAPY ORGANIZATIONS

Below is a checklist of items that must be submitted with your TCA grant application. If your application is incomplete, it will be disqualified.

- Page one of this application is signed and dated by the grant writer.
- Fully completed grant application.
- Resume for your Executive Director, President or other named head of the organization.
- Copy of your organization's IRS Exemption Letter attesting to your organization's 501 (c) (3) status.
- Confirm your vet has submitted an **original** completed and signed veterinarian reference form (pages 17-25) **AND** a statement on their stationary, attesting to their care of your horses from January 2016-present. **Vet forms should be submitted directly to TCA by your vet. Vet forms that are mailed, faxed or emailed directly from the applicant will not be accepted. Vet forms ONLY may be handwritten.**
- Complete record of adoptions for Thoroughbreds adopted out from January 1, 2016 – December 31, 2016 (form provided on page 15).
- Corresponding adoption contracts for each Thoroughbred adopted out in 2016 (adoption contracts are required for each horse on the adoption record).
- Copy of your organization's 2015 and, if available, 2016 IRS Form 990 tax return.
- If your organization utilizes the 990 **EZ** form you must also submit the enclosed Statement of Functional Expenses. If your organization utilizes the long form 990 you do not need to submit a Statement of Functional Expenses.
- A 2016 balance sheet **and** profit and loss statement.
- A 2017 year-to-date balance sheet **and** profit and loss statement.
- A 2017 operating budget.
- Copy of your volunteer agreement and guidelines. If you do not have an existing agreement or guidelines please include a brief narrative about the expectations you have for your volunteers and the duties they are expected to perform.
- A copy of the declarations page of your organization's general liability insurance. If your organization does not carry general liability insurance please include a statement from your board explaining the reason for the absence of coverage.
- A copy of the declarations page of your organization's directors and officers insurance. If your organization does not carry directors and officers insurance please include a statement from your board explaining the reason for the absence of coverage.

The grant application and all supporting documents must be postmarked by March 15, 2017. If you have questions please email ecrady@tca.org.

**Please mail to:
Thoroughbred Charities of America
P.O. Box 910668
Lexington, KY 40591**

**2017 GRANT APPLICATION FOR THOROUGHBRED REHABILITATION,
RETRAINING, REHOMING AND RETIREMENT ORGANIZATIONS AND
EQUINE-ASSISTED THERAPY ORGANIZATIONS**

**Please complete the application below.
Handwritten applications will NOT be accepted.**

Section A.

1. Name of 501 (c) (3) organization: _____

2. Year established: _____

3. Name of organization principal: _____
(Please include a current resume.)

4. Mailing street address: _____

City, state and zip code: _____

5. Farm/facility name: _____

6. Physical street address (if different from mailing address): _____

City, state and zip code: _____

7. Work phone: _____ Cell phone: _____

8. E-mail address: _____ Website _____

9. Facebook URL: _____ Twitter Handle: _____

10. Please categorize your organization:

Thoroughbred rehab, retraining, rehoming and retirement Equine-assisted therapy

11. Has your organization ever had animal cruelty charges filed against it?

Yes

No

Please provide a response to each question below. If more space is needed, please continue your responses on a separate sheet of paper.

Section B.

1. What is your mission statement?

2. In brief, what is your proposed use of the grant you are applying for?

3. If you received a grant from TCA in 2016 please describe how those funds were used. If you did not receive a grant please mark as "n/a".

4. How is your organization funded?

5. Please list the major contributors that have provided funding to your organization within the last calendar year. Major contributions are considered greater than \$5,000.

6. Please list the organization's board of directors. Include name, telephone number and email address.

7. Please list the names, email addresses and briefly, the duties of the primary volunteers in your organization.

8. Please list the names and briefly, the duties of all paid employees in your organization.

9. Please describe your organization's public education efforts including your work with community groups. (For example, partnerships with 4-H clubs, Girl or Boy Scouts).

10. Please describe any publicity your charity has earned within the last calendar year. (Please include links to online articles or copies of printed articles.)

11. Is your organization accredited by the Global Federation of Animal Sanctuaries, the Thoroughbred Aftercare Alliance or other accrediting body?

12. Does your organization carry general liability insurance? Yes No
If your organization does not carry general liability insurance, please include a statement from your board indicating why you do not carry coverage.

13. Does your organization carry directors and officers insurance? Yes No
If your organization does not carry directors and officers insurance please include a statement from your board indicating why you do not carry coverage.

14. Which services does your organization perform? (mark all that apply):

- Equine sanctuary
- Rehabilitation, retraining and rehoming program
- Equine-assisted therapy organization

15. How many horses is your organization currently paying upkeep for?

16. How many locations does your organization utilize?

17. Do you have horses in foster care? If so, how many foster sites do you utilize?

18. List the farm name, address, number of acres and number of total horses at each location indicated above. (All facilities, **including foster facilities**, should be listed.) Vet reports must be provided for all facilities including foster facilities.

Additionally, please describe the usage agreement for each facility utilized by your organization. For each location indicate whether the property is owned by the organization, leased by the organization, or if a boarding agreement is utilized. If the property is leased, from whom is the property leased and how much is the monthly rent? If the organization's principal owns the property, please indicate the amount of monthly rent that the organization pays the principal.

19. Based on total available space, how many total horses could the organization care for?

20. How many horses in the care of the organization are tattooed or registered Thoroughbreds?

21. How many horses are non-tattooed or non-registered Thoroughbreds?

22. How many horses are other breeds?

23. How many total horses (all breeds) did the organization adopt out in 2016?

24. How many horses adopted out in 2016 were tattooed and/or registered Thoroughbreds?

25. How many of the tattooed and/or registered Thoroughbreds that were adopted out in 2016 were also returned in 2016? Please provide the names of the Thoroughbreds that were returned.

26. How many Thoroughbreds were transferred from your charity to another charity in 2016? Please provide the names of the Thoroughbreds.

27. On average, per month, what is the cost to care for one horse in your program?

28. Do you have a waiting list for horses to enter your facility?

29. How many horses in your organization's care were euthanized in 2016?

30. What is the average cost to euthanize each horse?

31. Does your organization adhere to the American Association of Equine Practitioner's (AAEP) euthanasia policy?

Yes

No

If no, why?

Section C.

THIS SECTION (PAGES 12-16) MUST BE COMPLETED IF YOUR ORGANIZATION ADOPTS OUT HORSES, OF ANY BREED.

1. Do you request or require a financial contribution when accepting a horse into your program?
2. Please describe your screening procedure for potential adopters.
3. Describe your organization's follow-up procedure with adopters.

Please review the following instructions regarding the submittal of your organization's 2016 adoption record and adoption contracts.

ADOPTION RECORD

1. A record of all 2016 adoptions must be submitted with the completed grant application.
2. The adoption record must be in the format on page 15/16 and must be typed. Please contact us if you would like the file as a Word document. Please use multiple forms if needed.
3. The adoption record should reflect 2016 adoptions only.
4. The adoption record should reflect the adoptions of tattooed or registered Thoroughbreds only.
5. The registered name of the Thoroughbred must match the registration and tattoo number provided i.e. a Thoroughbred's name must correspond to his/her tattoo number or registration number as recorded by the Jockey Club.

ADOPTION CONTRACTS

1. Please include, with this application, a copy of the adoption contract for each Thoroughbred adopted out in 2016. Adoption contracts should correspond with the adoption record.
2. If you have not adopted out any Thoroughbreds in 2016 but did adopt out other breeds of horses please include an adoption record with the statement "No Thoroughbreds were adopted out in 2016," **and** please include a blank adoption contract.
3. Will your organization permit TCA to share a copy of your adoption contract with other grant applicants? (All identifiable information will be removed.) TCA aims to provide suggestions to applicants about how they may improve their adoption contracts. It is often helpful to provide an example of adoption contracts that we deem to be noteworthy.

Yes, I permit TCA to share my organization's adoption contract with other grant applicants. TCA will remove all identifiable information.

No, I will not permit TCA to share my organization's adoption contract with other grant applicants.

If your organization adopts out horses, this page must accompany your completed grant application.

HELPFUL INFORMATION

How do I read a tattoo? (from the Jockey Club)

A Thoroughbred tattoo is a letter followed by four or five numbers. The letter represents the year of foaling. Note: In tattoos that contain five numbers after the letter, the first number will be from zero to five.

The only exception to the letter is a foreign-born horse that was imported into North America. It will have an asterisk (*) in front of its tattoo.

- Use a cloth to blot the lip to reduce shine and massage the area.
- Take the horse into a dim area and shine a flashlight, blacklight or colored LED light on the tattoo from below the lip, then try the light at different angles.
- Take a digital picture of the tattoo and enhance the contrast. **Note:** Do not use a flash and take the picture on an overcast day or out of direct sunlight.

How do I look up a tattoo?

Log on to www.registry.jockeyclub.com. Click “sign up now” and complete the free interactive registration. Under quick links on the left side of the interactive registration page click on “tattoo identification services”. Enter in a Thoroughbred tattoo number. Tattoos consist of a letter followed by five numbers. If the entire tattoo is not legible please follow the steps for submitting tattoo research to the Jockey Club.

How do I obtain a registered name?

Once the tattoo information is correctly submitted on jockeyclub.com the Thoroughbred’s registered name, date of birth, sire, dam and other information will be displayed.

2016 Thoroughbred Adoptions A record of 2016 adoptions should be included in the format below. Use multiple forms as needed.

Name of Thoroughbred (registered name)	Age	Sex	Color	Date Adopted (must be 2016)	Place Rescued From	J C Registration # or Tattoo	Name of Adopter	Address, Phone Number and Email Address of Adopter

2016 Thoroughbred Adoptions A record of 2016 adoptions should be included in the format below. Use multiple forms as needed.

Name of Thoroughbred (registered name)	Age	Sex	Color	Date Adopted (must be 2016)	Place Rescued From	J C Registration # or Tattoo	Name of Adopter	Address, Phone Number and Email Address of Adopter



VETERINARIAN REFERENCE FORM

Organization's Name: _____

Facility Name: _____

Facility Address: _____

Facility Contact Person: _____ Phone: _____

Note: If the Organization utilizes foster homes, boarding facilities and/or has multiple locations a vet report and vet statement must be submitted for EACH facility

This form must be completed by a licensed veterinarian and should be mailed by the veterinarian directly to the Thoroughbred Aftercare Alliance and Thoroughbred Charities of America.

The above Organization has applied for accreditation through the Thoroughbred Aftercare Alliance (TAA) and/or for grants from Thoroughbred Charities of America (TCA). As part of the application process, the TAA and TCA require a Veterinarian Reference Form from a veterinarian who provides regular services and care to the horses at the named facility. We would appreciate if you would answer the following questions based on your experience in working with the named facility. Feel free to add further comments as needed. Please note that all information provided will be confidential and will not be revealed to the applying facility at any time.

Veterinarian's Name: _____ Phone: _____

Veterinarian's e-mail: _____ License #: _____

State/Provinces Licensed to Practice: _____

Additionally, please include a brief statement indicating that you are the attending veterinarian for this facility and describe the type of services you provide to the named facility and/or the Organization.

Statement should be on your letterhead and include the name of your practice, address, and contact numbers. Mail the Veterinarian Reference Form and statement directly to:

- Thoroughbred Aftercare Alliance, 821 Corporate Drive, Lexington, KY 40503; and
- Thoroughbred Charities of America, P.O. Box 910668, Lexington, KY 40591

If you have any questions please contact (859) 224-2756 (TAA) or (859) 276-4989 (TCA). We appreciate your timely response.

Please note, the named organization’s application will not be complete without your submission of the evaluation form and statement.

1. How long have you been providing services to the named facility?

2. How often do you visit the named facility?

3. How many total horses are housed at the facility?

4. What is the maximum number of horses that can reside at this facility?

5. How many of the Organization’s horses are housed at the facility?

6. How many of the Organization’s registered Thoroughbreds are housed at the facility?

7. What type of service(s) does the facility provide to the registered Thoroughbreds in its care (mark all that apply)?

Retirement Sanctuary Rehabilitation Retraining Adoption

Other (Please Specify): _____

For each of the following questions, please use the rating system below to fill in the blank. Answer each question based only upon the horses under the direct care of the named organization:

- “5” for Excellent
- “4” for Good
- “3” for Adequate
- “2” for Fair
- “1” for Inadequate

8. Equine Health Care

How would you rate the overall appearance and health of the horses at the facility?

Rating: _____

Please describe:

How would you rate the vaccination program utilized by this facility?

Rating: _____

Please describe:

How would you rate the de-worming program utilized by this facility?

Rating: _____

Please describe:

Do you have any concerns with the current vaccination/de-worming program? If “yes,” please explain. ___Yes ___No

How would you rate the hoof care program?

Rating: _____

Please describe:

Do you have any concerns with the current hoof care program? If “yes,” please explain.

___Yes ___No

How would you rate the dental care program?

Rating: _____

Please describe:

Do you have any concerns with the current dental care program? If “yes,” please explain.

___Yes ___No

How would you rate the feeding program?

Rating: _____

Please describe:

Do you have any concerns with the current feeding program? If “yes,” please explain.

Yes No

9. Facility

How would you rate the shelters provided to the horses?

Rating: _____

Please describe the shelters provided to the horses:

Do you have any concerns with the current shelter provided? If “yes,” please explain.

Yes No

How would you rate the water supply for horses housed inside?

Rating: _____

Please describe:

How would you rate the water supply for horses housed outside?

Rating: _____

Please describe:

Do you have any concerns with the current water sources? If “yes,” please explain.

___Yes ___No

How would you rate the overall condition of pastures and paddocks?

Rating: _____

Please describe:

What type of fencing is used?

Is there any barbed wire fencing in use? ___Yes ___No

How would you rate the overall condition of the fencing?

Rating: _____

Please describe:

Do you have any concerns with the fencing at the facility? If "yes," please explain.

Yes No

10. Retirement Sanctuary Program

If the facility is a long-term retirement sanctuary, how would you rate the program on their ability to monitor the health of the herd throughout the year?

Rating: _____ Not Applicable _____

Please describe:

Do you have any concerns with the current retirement sanctuary program? If "yes," please explain.

Yes No

11. Rehabilitation Program

If the facility rehabilitates injured and or sick horses, how would you rate the program on their ability to do so successfully?

Rating: _____ Not Applicable _____

Please describe:

Do you have any concerns with the current rehabilitation program? If "yes," please explain. Yes No

12. Transitional Training Program

If the facility provides transitional training how would you rate the training facilities and the program’s ability to successfully provide transitional training to the horses?

Rating: _____ Not Applicable _____

Please describe the transitional training program and facilities:

Do you have any concerns with the current transitional training program? If “yes,” please explain.

Yes No

13. Staff

Do you feel the staff, volunteers, and/or contractors who oversee the handling, daily care, and training of the horses are qualified and experienced horsemen?

Yes No

Please explain:

14. Euthanasia

Does the facility follow a euthanasia policy that is consistent with that of the American Association of Equine Practitioners (AAEP)? If “yes,” please explain your involvement with the euthanasia policy.

Yes No

Do you feel there are any horses at the facility that need to be euthanized based on the criteria of the euthanasia policy of the AAEP? If “yes,” please explain.

Yes No

15. Improvements

Are there any areas in which you feel the facility should improve upon? If “yes,” explain.

Yes No

Signature of evaluating veterinarian: _____

Print Name: _____

Date: _____

Please submit a short statement on your stationary indicating that you are the attending veterinarian for this facility. Please be sure to include your practice name, address and telephone number.

Please mail the statement along with this evaluation form directly to TAA and TCA. Grant applications will be considered incomplete until this evaluation and statement are received.

Mail to:

**Thoroughbred Charities of America
P.O. Box 910668
Lexington, KY 40591**

**Thoroughbred Aftercare Alliance
821 Corporate Drive
Lexington, KY 40503**

Thank you!

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				