



2015 GRANT APPLICATION

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

1- THOROUGHBRED RESCUE, RETIREMENT, REHABILITATION AND ADOPTION SERVICES or

2- Any type of EQUINE-ASSISTED THERAPY

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 rescue, retirement and research and by helping the people who work with 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, 2015.
- 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 not be accepted.
- 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 also 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 RESCUE, RETIREMENT, REHAB AND ADOPTION ORGANIZATIONS 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.
- ☐ Confirm your vet has submitted an **original** completed and signed veterinarian report (pages 16-20) **AND** vet statement on their stationary, attesting to their care of your horses from January 2014 – present. **Vet reports should be submitted directly to TCA by your vet. Vet reports that are mailed, faxed or emailed directly from the applicant will not be accepted.**
- ☐ Complete record of adoptions for Thoroughbreds adopted out from January 1, 2014 – December 31, 2014 (form provided on page 14 & 15).
- ☐ Corresponding adoption contracts for each Thoroughbred adopted out in 2014 (adoption contracts are required for each horse on the adoption record).
- ☐ Copy of your organization's IRS Exemption Letter attesting to your organization's 501 (c) (3) status.
- ☐ Copy of your organization's 2013 and if available 2014 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 2014 balance sheet and profit **and** loss statement.
- ☐ A 2015 year-to-date balance sheet **and** profit and loss statement.
- ☐ A 2015 operating budget.
- ☐ Resume for your Executive Director, President or other named head of the organization.
- ☐ 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, 2015. If you have questions please email ecrady@tca.org.

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

**2015 GRANT APPLICATION FOR THOROUGHBRED RESCUE,
RETIREMENT, REHAB AND ADOPTION ORGANIZATIONS AND EQUINE
ASSISTED THERAPY ORGANIZATIONS**

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

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

Year established: _____

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

Mailing address: _____

City, state and zip code: _____

Farm/facility name: _____

Street address (if different from mailing address): _____

City, state and zip code: _____

Work phone: _____ Cell phone: _____

E-mail
address: _____ Website _____

Facebook URL: _____ Twitter Handle: _____

Please categorize your organization:

☐ Thoroughbred rescue, retirement, rehab or adoption

☐ Equine assisted therapy

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.

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 2014 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 numbers and email address.

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

8) Please list the names and briefly, the duties of all the 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.

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

- ☐ Equine sanctuary
- ☐ Rehabilitation, retraining and adoption program
- ☐ Equine assisted therapy organization

How many horses is your organization currently paying upkeep for?

How many locations does your organization utilize?

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

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.

Please describe the arrangements for the land and facilities utilized by your organization. For each location described above 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.)

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

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

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

How many horses are other breeds?

How many total horses (all breeds) did you adopt out in 2014?

How many horses adopted out in 2014 were tattooed or registered Thoroughbreds?

How many tattooed or registered Thoroughbreds that were adopted out in 2014 were also returned in 2014? Please provide the names of the Thoroughbreds that were returned.

How many Thoroughbreds were transferred from your charity to another charity in 2014? Please provide the names of the Thoroughbreds.

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

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

How many horses in your organization's care were euthanized in 2014?

What is the average cost to euthanize each horse?

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

☐ Yes

☐ No

If no, why?

Do you request or require a financial contribution when accepting a horse into your program?

THIS SECTION (PAGES 11-15) MUST BE COMPLETED IF YOUR ORGANIZATION ADOPTS OUT HORSES, OF ANY BREED.

Please describe your screening procedure for potential adopters.

Describe your organization's follow-up procedure with adopters.

1) Please provide a record of your 2014 Thoroughbred adoptions in the format provided on page 14. The Thoroughbred's registered name should correspond with their tattoo number or registration number. For assistance in how to look up registered names or tattoo numbers please reference page 13 below. All adoption records must be typed; no handwritten records will be accepted. Please use multiple adoption records if needed.

2) Please include, with this application, a copy of the adoption contract for each Thoroughbred adopted out in 2014. Adoption contracts should correspond with the adoption record.

3) If you have not adopted out any Thoroughbreds in 2014 but did adopt out other breeds of horses please include an adoption record with the statement "No Thoroughbreds were adopted out in 2014", **and** please include a blank adoption contract.

4) 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.

ADOPTION RECORD INSTRUCTIONS

Please review the following instructions regarding the submittal of your organization's 2014 adoption record.

- 1) The 2014 adoption record must be submitted with the completed grant application.
- 2) The adoption record must be in the format below and must be typed. Please contact us if you would like the file as a Word document.
- 3) The adoption record should reflect 2014 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.

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.

2014 Thoroughbred Adoptions A record of 2014 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 2014)	Place Rescued From	J C Registration # or Tattoo	Name of Adopter	Address, Phone Number and Email Address of Adopter

2014 Thoroughbred Adoptions A record of 2014 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 2014)	Place Rescued From	J C Registration # or Tattoo	Name of Adopter	Address, Phone Number and Email Address of Adopter



VETERINARIAN'S REPORT FOR ORGANIZATIONS WITH EQUINES

This form must be completed by a licensed veterinarian and should be mailed directly to TCA by the veterinarian. Handwritten responses, by the veterinarian, are permitted on the following pages only.

If your facility utilizes foster homes and/or has multiple locations a vet report and vet statement must be submitted for **EACH location.**

PART I (there are three parts to this form):

Name of 501 (c) (3) organization applying for a grant:

Please provide the name of your contact at the facility evaluated.

Please provide the address and phone number for the facility evaluated.

How many total horses reside at this facility? (Please include horses that may not be in direct care of the applicant.)

How many are Thoroughbreds?

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

PART II:

Using the rating system below, please provide a rating for each question below. Each location should be evaluated independently; ratings should not be reflective of the overall charity.

“5” for Excellent

“4” for Good

“3” for Adequate

“2” for Fair

“1” for Inadequate

1) Please rate the **overall appearance and health of horses** at this facility.

Rating (1-5 only): _____

Comments:

2) Please rate the **vaccination program** utilized by this facility.

Rating (1-5 only): _____

Comments:

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

3) Please rate the **dental care program** utilized by this facility.

Rating (1-5 only): _____

Comments:

4) Please rate the **feeding program** utilized by this facility.

Rating (1-5 only): _____

Comments:

5) Please rate the **indoor water supply** available at this facility.

Rating (1-5 only): _____

Comments:

6) Please rate the **outdoor water supply** at this facility.

Rating (1-5 only): _____

Comments:

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

7) Please rate the **condition of pastures and paddocks** at this facility.

Rating (1-5 only): _____

Comments:

8) Please rate the **condition of fencing** at this facility.

Rating (1-5 only): _____

Comments:

9) Please rate the **deworming program** at this facility.

Rating (1-5 only): _____

Comments:

10) Please rate the **farrier program** at this facility.

Rating (1-5 only): _____

Comments:

Signature of evaluating veterinarian: _____

Date: _____ **Print Name:** _____

PART III:

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 directly to 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

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)				