



DATE	CONTACT NAME/TITLE
NAME OF ORGANIZATION	
PHONE	
EMAIL	
WEBSITE	
MAILING ADDRESS (No P.O. boxes, please.)	
501(c)3 EIN	
MISSION STATEMENT	
AMOUNT REQUESTED	\$
REASON FOR FUNDING REQUEST <i>Attach supporting documents including vet bills, medical/building estimates, construction/service bids, pictures of damage/injuries, and any other information you feel may be useful to your request.</i>	
ORGANIZATION'S ANNUAL BUDGET <i>Attach latest audited financial statement or current bank statement.</i>	
BRIEFLY DESCRIBE OTHER FUNDRAISING EFFORTS MADE TO ADDRESS THIS ISSUE (Facebook campaign, email, etc.)	
LIST ANY ACCREDITATIONS, CERTIFICATIONS OR LICENSES YOUR ORGANIZATION HOLDS	





HAS YOUR ORGANIZATION EVER BEEN CITED FOR ANY VIOLATIONS? (If so, please describe at right.)	
IS YOUR ORGANIZATION AFFILIATED WITH ANY OTHER ORGANIZATION/ ASSOCIATION/COALITION? (If so, please describe at right.)	
BRIEFLY DESCRIBE OR PROVIDE YOUR VISITORS POLICY	
BRIEFLY DESCRIBE OR PROVIDE YOUR EUTHANASIA POLICY	

DO YOU: OWN RENT	HOW LONG HAVE YOU BEEN AT YOUR CURRENT LOCATION?	HOW MANY ANIMALS ARE CURRENTLY IN YOUR CARE? IN HOUSE: _____ IN FOSTER HOMES: _____
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PROVIDE THREE REFERENCES (i.e., vet, board member, volunteer, colleague, etc.)

NAME: _____	NAME: _____	NAME: _____
RELATION: _____	RELATION: _____	RELATION: _____
PH.#: _____	PH.#: _____	PH.#: _____
EMAIL: _____	EMAIL: _____	EMAIL: _____

HOW DID YOU HEAR ABOUT NAVS' SANCTUARY PROGRAM?	
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LIST PREVIOUS SANCTUARY SUPPORT FROM NAVS	
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By signing this grant application, I agree to the following: *(Please initial to the left of each item)*

	I understand that if funding is awarded, it will only be used for the purposes stated within this grant application. Reallocation of grant funds received must be approved by NAVS. I understand that funding may be forfeited and future grant requests may be denied if grant requirements are not upheld.
	I understand that I will be expected to provide NAVS with at least five high-resolution images (300 dpi or higher) and/or video. All images may be used and credited in NAVS print and online communications and in public outreach materials.
	I understand that NAVS does not award grants for capital costs, lobbying efforts, scholarships or operational costs (including food bills, veterinary bills, compensation, rent, utilities, etc.)
	I confirm that animals that will benefit from this grant have been obtained legally.
	I confirm that the organization (below) is responsible for maintaining the lifetime well-being of animals assisted by NAVS, as it relates to the organization's mission. Sanctuaries will provide lifetime care, medical treatment and enrichment for animals assisted by NAVS; shelters will thoughtfully rehome adoptable animals and provide lifetime care for animals waiting for adoption; rescue groups will ensure that animals are transported to appropriate temporary care facilities; etc.

Organization: _____

Signature: _____ Date: _____

Please email your completed application to Kim Ayala at kayala@navs.org.

PLEASE INCLUDE THE FOLLOWING ATTACHMENTS:

1. Tax-exempt letter
2. Current budget
3. Latest audited financial statement or current bank statement
4. Supporting documents (vet bills, medical/ building estimates, construction/service bids, etc.)
5. Supporting photographs



NAVS ANIMAL SANCTUARY ASSISTANCE PROGRAM
444 N WELLS ST., SUITE 406
CHICAGO, IL 60654

CONTACT: Kim Ayala
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www.navs.org