



A tax-exempt org.
formed by the GRCA

9/8/03

APRIL FUND -- GRANT APPLICATION

1. Name of Rescue Organization _____

2. Area Served _____

3. Contact Person _____

4. Address _____

_____ Zip _____

5. Telephone _____ FAX _____

(Please give a phone number that the GRF may call to contact a person. Don't give an automated voice mail number.)

E-Mail _____

6. Amount requested _____ 7. Name of Dog _____

8. Short description of medical procedures _____

(Please enclose copy of veterinary receipt. This receipt needs to include itemization of services and costs, the date that the services were performed, the name of the dog and the group or individual that paid for the services.)

9. Is this dog rescued from a puppy mill? Yes _____ No _____

10. Group's data on file with NRC _____ or GRF _____ or Enclosed _____

In the form of: a. Current 990 IRS form. _____
b. Participation in the most current NRC rescue group survey. _____

11. Signature of Applicant _____ Date _____

Address _____

(if different from the contact person)

Send completed application to:

Golden Retriever Foundation - P.O. Box 628 - Elkhorn, NE 68022

The check will be made out to the rescue group at the top of the form and it will be mailed to the address of the contact person. The Foundation will need an acknowledgment from the group that the check was received and that it went for the purposes intended.