

**BRENNAN EQUINE WELFARE FUND
of the Greater Cincinnati Foundation**

PRELIMINARY PROPOSAL APPLICATION

2017

(This application will be accepted ONLY between November 1, 2016-January 15, 2017)

Brennan Equine Welfare Fund (BEWF) thanks you for your time in submitting this Preliminary Proposal. With this open proposal, we will gather information to ascertain eligibility in being selected to submit a Full Proposal. If your organization meets BEWF criteria, and based upon need, project, available funds, etc., you will be contacted on or about February 1st to submit a Full Proposal. If you do not hear from us within a 10-day time period of February 1, that means we were unable to offer a Full Proposal invitation. Feel free to contact us if you have any questions or would like to follow up.

Organization Data	
Applicant Organization (Full Legal Name)	
Today's Date	
IRS Name, as listed on 501(c)(3) letter	
IRS letter date (*Please note: must be in existence and operating as a 501(c)(3) for 3 consecutive years)	
Tax Exempt ID # (EIN)	
Barn/facility Address	
City	
State	
Zip code	
County	
Mailing Address (if different than barn/facility address)	
City	
State	
Zip code	
How long at this location?	
Do you rent or own this property?	
If there are previous locations, please include on a separate sheet the 1) full addresses & contact 2) length of time at each 3) reason for leaving each	
How many acres is your property?	
How many horses are at your property?	

List names of all members of Board of Directors, Positions, Trustees, and their contact information (use separate sheet if necessary)	
Please list names, positions and annual salary amount of all paid employees	
How many volunteers does your organization have?	
E-mail	
Web site	
Phone (including area code)	
Fax (including area code)	
Executive Director	
Direct Phone	
Organization's Budgeted Expenses for Current Year	\$
Organization's Major Funding Sources	
If your organization has received a grant from another Grantor in the last calendar year, please list	
Organization Mission Statement:	
Please Check All That Apply To Your Organization:	
Rescue	Rehabilitation
Re-Training	Adoption Program
Sanctuary / Permanent Retirement	Therapeutic Riding Program
Thoroughbred Aftercare Alliance (TAA) Verification	Global Foundation for Animal Sanctuaries (GFAS) Verification or Accreditation <input type="checkbox"/> Verification <input type="checkbox"/> Accreditation
Contact Person for this proposal: Name	
Title	
Phone	

Fax	
Email	
Signature	

PROJECT INFORMATION

Project Name	
Amount Requested	\$

Type of request (check all that apply)			
Capital		Technical assistance	
Operating		Endowment	
Program/Project		Training	

1. Project Summary

2. Project Description

3. Project Timeline/Budget Timeline

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Upon completion, send via postal mail to:

Linda S. Pavey
 Brennan Equine Welfare Fund
 7301 Burman Meadow Drive
 Cincinnati, Ohio 45243