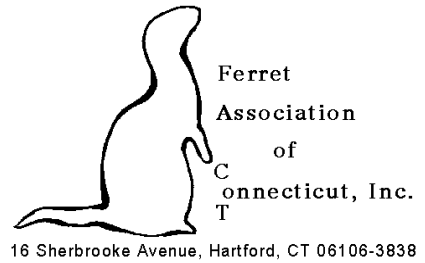


# Ferret Disaster Relief Grant Request

- Please submit 1 copy of application and applicable attachments to: FACT, Inc. 16 Sherbrooke Ave., Hartford, CT 06106-3838 or via the web to <mailto:INFO@ferret-fact.org>
- Please attach any additional information you feel necessary to better explain your specific needs.



Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone # if different from above: \_\_\_\_\_



Organization Type:  Vet Clinic  Ferret/Exotics Shelter  Boarding Facility

General Animal Shelter (check  if you receive more than 50% of your funding from the city/state/county)

Other (please describe): \_\_\_\_\_

Amount of Grant Requested: \_\_\_\_\_

Primary Purpose of Grant:

Basic Medical Care (Exams/shots)  Housing (Cages)  Transportation

Food Supplies  Bedding  Major Medical Care (Injury/Illness)

## **General Organization Information** (please complete all that apply)

Are you a registered non-profit? \_\_\_\_\_ If so, please attach copy of State and/or IRS designation letter.

Are you a licensed/registered facility? \_\_\_\_\_ If so, please attach copy of designation letter.

Do you have a Board of Directors? \_\_\_\_\_ If so, please attach list.

Do you have a Mission Statement? \_\_\_\_\_ If so please attach it, a brochure, or brief organization description.

Do you prepare public financial reports? \_\_\_\_\_ If so, attach current/prior year income/expense reports.

Are animals adopted out of your shelter spayed/neutered before adoption? \_\_\_\_\_

Do you have a boarding contract? \_\_\_\_\_ If so, please attach.

For Ferret (Exotic) Shelters only:

How many years have you been in operation? \_\_\_\_\_

Do you use an adoption application? \_\_\_\_\_ If so, please attach a copy.

How many ferrets can your shelter accommodate? \_\_\_\_\_ (exclude personal pets)

How many of your own ferrets do you house? \_\_\_\_\_ Do you breed any animals? \_\_\_\_\_

Do you work with other area animal welfare organizations? \_\_\_\_\_ If so, please identify here:

\_\_\_\_\_

Non-Registered Shelters only:

Are funds for your shelter tracked separately from personal funds? \_\_\_\_\_

Vet Clinics & Boarding Facilities only:

Are you providing discounted services? \_\_\_\_\_ If so, please describe here: \_\_\_\_\_

\_\_\_\_\_

**Disaster Information**

How many ferrets are you currently housing due to this event? \_\_\_\_\_

How many have significant medical needs? \_\_\_\_\_

Please describe nature of medical problems (attach copy of veterinary bills, if available):

How many have owners that are known and plan to reclaim their pets? \_\_\_\_\_

How many have owners expected to be homeless for a significant period? \_\_\_\_\_

Are/can the owners (if known) able to contribute to their pets' medical care? \_\_\_\_\_

How long will you hold pets before you require owners to relinquish them? \_\_\_\_\_

Do you normally charge for boarding? \_\_\_\_\_ If so, how much/day/animal? \_\_\_\_\_

Are you offering boarding to animals displaced due to disaster at reduced rates? \_\_\_\_\_

Please estimate your per diem cost to care for 1 ferret (if known): \_\_\_\_\_

What are your plans for animals who are or become permanently abandoned?

Please provide expected length of board time for animals currently in your care:

Do you expect more displaced animals will arrive? \_\_\_\_\_

If so, how many more can you care for on a long-term (more than 1 week) basis? \_\_\_\_\_

Have you requested funds from other donors? \_\_\_\_\_ If so, please list who & amount:

Please attach any cost estimates associated with caring for displaced ferrets and how the estimates were calculated. Examples include daily boarding costs (food, cleaning supplies, staff), mileage allowances for transporting animals, veterinary expenses (surgeries, medication), supplies (cages, carriers, bedding), or any other extraordinary costs.

Printed name & title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_