

**Maddie’s® Shelter Medicine Internship**

**University** **Application**

Maddie’s Fund® is offering up to $50,000 per year to U.S.-based Veterinary Colleges/Schools to train an intern in shelter medicine, in conjunction with a U.S.-based 501c3 or government animal shelter. Recipients should have an appreciation of the no-kill philosophy and must honor Maddie’s Fund’s core values of honesty, integrity and mutual respect.

*Note: This application is for veterinary colleges/schools applying for the grant. If you are a shelter applying for this grant, please use this application [link].*

Please provide the following information:

1. Organization Information
	1. Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Head of Organization (who will sign the grant confirmation letter if this grant is awarded):
		1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Title:
		\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Organization Address:
		1. Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. EIN Number: \_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. My organization is current on all grant reporting requirements for any previous Maddie’s Fund grants. (Please contact Maddie’s Fund at 925.310.5450 if you have questions about this.)
		1. \_\_\_Yes
		2. \_\_\_No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Application Submitted by Contact Info:
	1. \_\_\_Same as Head of Organization (skip to #4)
	2. \_\_\_Different Contact
		1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Title:
		\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please describe the University’s/College’s shelter medicine program:
4. Please describe the criteria for how the intern will be selected to receive the Maddie’s® Shelter Medicine Internship:
5. Please describe how you plan to educate/train the intern this Maddie’s® Shelter Medicine Internship grant is funding:
6. Animal Shelter you’ll be collaborating with on this Maddie’s® Shelter Medicine Internship:
	1. Name of Shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Main Contact at Shelter:
		1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Title:
		\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		3. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		4. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		5. Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		6. City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Shelter’s Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Shelter’s EIN Number: \_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Which best describes this shelter?

\_\_\_Municipal animal services

\_\_\_Animal shelter/rescue with a government contract (i.e., animal control or housing services)

\_\_\_Shelter without a government contract (physical facility)

\_\_\_Rescue without a government contract (solely foster-based)

\_\_\_College/University

\_\_\_Non-Profit Spay/Neuter Clinic

\_\_\_Non-Profit Veterinary Clinic

\_\_\_Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Approximately how many dogs and/or cats does this shelter handle annually?

Dogs:

\_\_\_1 to 99

\_\_\_100 to 499

\_\_\_500 to 999

\_\_\_1,000 to 4,999

\_\_\_5,000 to 9,999 10,000 or more

\_\_\_Don’t know

\_\_\_ (0) Not applicable

Cats:

\_\_\_1 to 99

\_\_\_100 to 499 500 to 999

\_\_\_1,000 to 4,999

\_\_\_5,000 to 9,999

\_\_\_10,000 or more

\_\_\_Don’t know

\_\_\_ (0) Not applicable

**For questions 6g – 6l, please refer to our** [**Grant Requirements**](http://www.maddiesfund.org/grant-requirements.htm) **webpage for more information.**

* 1. Please provide the web link to where this shelter is publicly sharing their annual animal statistics on their website (on the same page as their lifesaving percentage - see 6h below). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Please provide the web link to where this shelter is publicly sharing their lifesaving percentage, including how it was calculated, on their website (on the same page as their annual animal statistics - see 6g above). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. To be eligible for a Maddie’s® Shelter Medicine Internship grant, shelters must also have achieved a lifesaving percentage of around 90% or better. What is the shelter’s lifesaving percentage and how was it calculated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. This shelter is an active participant in [Shelter Animals Count](http://shelteranimalscount.org/).
		1. \_\_\_Yes
		2. \_\_\_No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. This shelter is an active participant in the [Million Cat Challenge](http://millioncatchallenge.org/).
		1. \_\_\_Yes
		2. \_\_\_No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	6. This shelter is current on all grant reporting requirements for any previous Maddie’s Fund grants. (Please contact Maddie’s Fund at 925.310.5450 if you have questions about this.)
		1. \_\_\_Yes
		2. \_\_\_No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Please provide a summary of this shelter’s model program(s) and any area(s) they’re working to improve:
2. Please provide a budget for this grant:

Any research funded by this grant (either completely or through the Intern’s involvement) must aim to improve the health and well-being of shelter animals and demonstrate direct relevance to adoption guarantee shelter practices and methods. Studies must follow accepted scientific principles so results are credible. No terminal research projects will be accepted, and all studies involving the use of live animals must be approved by the University’s/College’s Animal Care and Use Committee. Any and all publications and presentations arising from the research are required to recognize Maddie’s Fund. Copies of all publications stemming from this project must be submitted to Maddie’s Fund at the time of publication.

If funded, we ask the intern to provide a 6-month update with highlights of what they’ve learned, and for the intern to contribute one piece to the Maddie’s Fund blog, *Chew On This*. The University/College will be responsible for a final report due within 45 days of the end of the grant funding.

If approved, this program will be named Maddie’s® Shelter Medicine Internship at [your organization name] and the student will have the title of Maddie’s® Shelter Medicine Intern at [your organization name]. Additionally, you will be asked to honor Maddie, the little dog who inspired a movement, through your social media and donor recognition about this grant on your website, donor wall, annual report, newsletter or other promotional materials or marketing communications, as appropriate. And any presentations given or publications written by this intern should recognize Maddie.

Please submit this completed application form to grants@maddiesfund.org.