

Innovation Grant Sample Application

This is a sample application provided for reference only and questions are subject to change. To apply for an Innovation Grant, you will need to fill out the application on the [Maddie's Fund® Grants Portal](#) during our open application cycles. Please check [our website](#) for application dates.

If you have any questions about the information requested on this application, please contact the Maddie's Fund Grants Team at 925.310.5450 or grants@maddiesfund.org.

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Organization and Contact Information

1. Organization Name:

2. Organization Address:

Street Address:

City, State, ZIP:

County:

3. Organization Phone Number:

4. Organization Website:

5. EIN Number:

6. Application Submitted by Contact Info:

Name:

Title:

Phone Number:

Email Address:

7. Head of Organization Contact Info:

Name:

Title:

Phone Number:

Email Address:

8. If this grant is approved, payment will be made via ACH transfer. Please provide contact information for the person in your organization responsible for receiving payment. Please note, this person will receive emails from Bill.com (1) asking for your organization's account information and (2) notification of payment confirmation.

Name:

Title:

Email Address:

Phone Number:

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Additional Organization Information

For questions 8 - 11, please refer to our [Grant Requirements webpage](#) for more information. If you need further details, please contact the Maddie's Fund Grants team at grants@maddiesfund.org or 925.310.5450.

9. Please provide the web link to where on your website you are publicly sharing your annual animal statistics (must be on the same page as your lifesaving percentage - see question below).

10. Please provide the web link to where on your website you are publicly sharing your lifesaving percentage and the formula for how it was calculated (must be on the same page as your annual animal statistics - see question above).

11. My organization is an active participant in Shelter Animals Count. If this grant is approved, we agree to join the Maddie's Fund Coalition in Shelter Animals Count.

Yes

No

If no, please explain:

12. My organization is an active participant in the Million Cat Challenge.

Yes

No

If no, please explain:

13. My organization is current on all grant reporting requirements for any previous Maddie's Fund grants. (Please contact Maddie's Fund at 925.441.5450 or grants@maddiesfund.org if you have questions about this or need to check with us.)

Yes

No (please explain below)

Not applicable (we've never received a grant from Maddie's Fund)

If no, please explain:

14. Have you, or anyone in your organization, attended or been accepted to a Maddie's® Apprenticeship Program?

Yes (please indicate which one, below)

No

If yes, which one?

Organization Demographics

15. Which best describes your organization?

- Government animal services
- Animal shelter/rescue with a government contract (i.e., animal control or housing services)
- Private shelter without a government contract (physical facility)
- Private rescue without a government contract (solely foster-based)
- Other (please specify)
- College/University
- Non-Profit Spay/Neuter Clinic
- Non-Profit Veterinary Clinic

16. Approximately how many dogs does your organization handle annually?

- 1 - 99
- 100 - 499
- 500 - 999
- 1,000 - 4,999
- 5,000 - 9,999
- 10,000 or more
- Don't know
- (0) Not applicable

17. Approximately how many cats does your organization handle annually?

- 1 - 99
- 100 - 499
- 500 - 999
- 1,000 - 4,999
- 5,000 - 9,999
- 10,000 or more
- Don't know
- (0) Not applicable

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Tell us about your new program

18. Please provide a project title for this application:

19. How much funding are you requesting to implement this lifesaving program (not to exceed \$5,000)?

20. Approximately how many additional lives will be saved as a result of this lifesaving program? (Please enter a number in the space below. If you are unsure of the exact number, give us your best estimate. If you need assistance in calculating this number, please contact the Maddie's Fund Grants Team at 925.310.5450 or grants@maddiesfund.org.)

21. Lifesaving program you're applying to implement (must select one of the below categories, or your application will not be accepted). Please note, not all categories may be available for each grant cycle. Please check [our website](#) for the current application's categories.

- Alternatives to Intake
- Capacity for Care
- Engaging the Public
- Engaging Volunteers
- Innovative Foster Care
- Innovative Marketing and PR
- Innovative Partnerships
- Innovative Shelter Medicine
- Innovative Technology, Data and Metrics
- Innovative Training, Development and Leadership Growth
- Managed Admissions
- Removing Barriers to Adoption (Adoption Ambassadors, Adopters Welcome, Open Adoptions, etc.)
- Return to Field
- Sustainability (Innovative Fundraising, Fund Development, Strategic Planning, etc.)

22. What are you trying to achieve and in what timeframe?

23. How will you measure or evaluate your success?

24. If your application is approved, you agree to complete a survey 6 months after funding on how grant funds were spent and the results of implementing the selected lifesaving program. This report will be due six months after payment of the grant, and will be due within 30 days of receipt of the survey. You also agree to join the Maddie's Fund Coalition in Shelter Animals Count (if participation in Shelter Animals Count is applicable to your organization).

Additionally, if approved, 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, annual report, newsletter or other promotional materials or marketing communications, as appropriate.

By selecting "Yes", I agree to the above statements. I certify that I have answered all of the questions on this application. All the information is complete and correct to the best of my knowledge. I am aware that incomplete applications might not be reviewed by the Maddie's Fund Grants Team.

Yes

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