

**Maddie’s® Shelter Medicine Externship**

**Host Shelter** **Application**

Maddie’s Fund® is offering funding to U.S.-based 501c3 or government animal shelters, who have full-time veterinarian on staff responsible for the care of their animals, to offer Shelter Medicine Externship training to current 3rd & 4th year veterinary students. 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.

Shelters may apply for up to $8,000 to host 4 Maddie’s® Shelter Medicine Externships. This funding includes $1,500 stipends for each extern to cover their travel expenses and $500 per student to the host shelter.

Please provide the following information:

1. Organization Information
   1. Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Head of Organization:
      1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      2. Title:  
         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      3. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      4. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Organization Address:
      1. Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      2. City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   5. EIN Number: \_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For questions 1f – 1k, 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 you are publicly sharing your annual animal statistics on your website (on the same page as your lifesaving percentage - see 1g below). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Please provide the web link to where you are publicly sharing your lifesaving percentage, including how it was calculated, on your website (on the same page as your annual animal statistics - see 1f above). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. To be eligible for a Maddie’s® Shelter Medicine Externship grant, shelters must also have achieved a lifesaving percentage of around 90% or better. What is your lifesaving percentage and how was it calculated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. My organization is an active participant in [Shelter Animals Count](http://shelteranimalscount.org/).
     1. \_\_\_Yes
     2. \_\_\_No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  5. My organization is an active participant in the [Million Cat Challenge](http://millioncatchallenge.org/).
     1. \_\_\_Yes
     2. \_\_\_No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Organization Demographics:
2. Which best describes your organization?

\_\_\_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 your organization 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

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many full-time veterinarians do you employ? \_\_\_\_\_
   1. What percent of their time is spent on the care, treatment and well-being of the animals in the shelter’s care? (This does not include time spent on the public’s animals or TNR services, if your shelter offers those.) \_\_\_\_\_\_\_\_
3. Please provide a summary of your model program(s) and any area(s) you’re working to improve:
4. Please describe the criteria for how the externs will be selected to receive the Maddie’s® Shelter Medicine Internship:
5. Please describe how you plan to educate/train the externs this Maddie’s® Shelter Medicine Externship grant is funding:
6. We plan to train \_\_ students this year. This calculates to:
   1. $[$500\* number of students] for hosting Maddie’s® Shelter Medicine Externship;
   2. $[$1,500 \* number of students] to be paid as stipends to each student. Please note that you will be receiving this funding and responsible for paying it to each student.
   3. For a total of **$[4a + 4b]** in grant funding to be provided to the host shelter.

If funded, we ask the externs to provide a written report about their experience, which should be included with the shelter’s final report, due within 45 days of the end of the grant funding.

If approved, this program will be named Maddie’s® Shelter Medicine Externship 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.

Please submit this completed application form to [grants@maddiesfund.org](mailto:grants@maddiesfund.org).