



Maddie's  
Fund

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](mailto:grants@maddiesfund.org).

Maddie's Fund® is offering funding to U.S.-based 501c3 or government animal shelters, who have a full-time veterinarian on staff responsible for the care of their animals to offer Shelter Medicine Externship training to current third- and fourth-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, and should have a lifesaving percentage of around 90% or higher.

Shelters may apply for up to \$8,000 to host four 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.

If approved, Maddie's Fund will provide the host shelter with the \$1,500 stipends, and the host shelter will be expected to allocate the stipends to each student extern organization. Maddie's Fund does not need receipts or reporting for these student stipends; we ask that left over funds be allotted for the implementation of the program in the student's organization.

After you submit your application, you will receive an automated email immediately from Maddie's Fund confirming your application has been submitted. If you do not receive this email, please contact Maddie's Fund at 925.310.5450 or [sheltermedicine@maddiesfund.org](mailto:sheltermedicine@maddiesfund.org) as your application may not have been submitted.

If you have any questions as you're completing this application, please contact Maddie's Fund at 925.310.5450 or [sheltermedicine@maddiesfund.org](mailto:sheltermedicine@maddiesfund.org).



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## Organization and Contact Information

1. Organization Name:

2. Organization Legal Name:

3. Organization Address:

Street Address:

City, State, ZIP:

County:

4. Organization Phone Number:

5. Organization Website:

6. EIN Number:

7. Application Submitted by Contact Info:

Name:

Title:

Phone Number:

Email Address:

8. Head of Organization Contact Info:

Name:

Title:

Phone Number:

Email Address:

9. CFO (or similar) Contact Info:

Name:

Title:

Phone Number:

Email Address:



10. 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 this 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 9 - 12, 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](mailto:grants@maddiesfund.org) or 925.310.5450.**

11. 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).

12. 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).

13. 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:

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

Yes

No

If no, please explain:

15. 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 or [grants@maddiesfund.org](mailto:grants@maddiesfund.org) if you have questions about this or need to check with us.)

Yes

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

No (please explain below)

If no, please explain:



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## Organization Demographics

16. Which best describes your organization?

Government animal services

College/University

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

Non-Profit Spay/Neuter Clinic

Private shelter without a government contract (physical facility)

Non-Profit Veterinary Clinic

Private rescue without a government contract (solely foster-based)

Other (please specify)

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

1 - 99

5,000 - 9,999

100 - 499

10,000 or more

500 - 999

Don't know

1,000 - 4,999

(0) Not applicable

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

- |                                     |  |
|-------------------------------------|--|
| <input type="radio"/> 1 - 99        | <input type="radio"/> 5,000 - 9,999      |
| <input type="radio"/> 100 - 499     | <input type="radio"/> 10,000 or more     |
| <input type="radio"/> 500 - 999     | <input type="radio"/> Don't know         |
| <input type="radio"/> 1,000 - 4,999 | <input type="radio"/> (0) Not applicable |



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19. How many full-time veterinarians do you employ?

20. What percent of their time is spent on the care, treatment and well-being of 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.)

21. To be eligible for a Maddie's Shelter Medicine Externship grant, shelters must have achieved a lifesaving percentage of around 90% or better. What is your lifesaving percentage and how was it calculated?

22. Please provide a summary of your model program(s) and any area(s) you're working to improve:

23. How many students do you plan to train this year?

24. How much funding are you requesting (not to exceed \$8,000)?

To calculate this amount, use the following formula:

- a.  $[\$500 * \text{number of students}]$  for hosting Maddie's® Shelter Medicine Externship;
- b.  $[\$1,500 * \text{number of students}]$  to be paid as stipends to each student. \*\*Please note that you will be receiving this funding and responsible for paying it to each extern's organization.\*\*
- c. For a total of  $[\text{a} + \text{b}]$  in grant funding to be provided to the host shelter.

25. Please describe the criteria for how the externs will be selected to receive the Maddie's® Shelter Medicine Internship:

26. Please describe how you plan to educate/train the externs that this Maddie's® Shelter Medicine Externship grant is funding:



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27. This question is to be answered by the CFO (or similar) in your organization: I, as the CFO (or similar), understand that if this grant is approved, our organization will be expected to pay out the stipends to the student extern organizations.

- Yes
- No

28. This question is to be answered by the head of your organization: I, as the head of this organization, understand that if this grant is approved, our organization will be expected to pay out the stipends to the student extern organizations.

- Yes
- No

29. Please review the following information and select "Yes" below to indicate your acceptance.

If your application is approved, you agree to the following:

- This program will be named "Maddie's® Shelter Medicine Externship at [Your Organization Name]"
- To submit a survey within 45 days of completion of the Externship program that describes how the funds were spent and the results of the program. This will also include written reports from each extern describing their experience.
- 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.
- To join the Maddie's Fund Coalition in Shelter Animals Count.

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Applications that are not submitted and left as "In Progress" will not be reviewed.

By selecting "Yes", I agree to the above statements. I certify that I have answered all of the questions on every tab of this application (Project Information, Head of Organization, Organization Information, Submitted By and Payment Contact). 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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