



Maddie's
Fund

This is a sample application provided for reference only and questions are subject to change. To apply for a Maddie's® Shelter Medicine Internship grant, you will need to fill out the application on the [Maddie's Fund® Grants Portal](#).

If you have any questions about the information requested on this application, please contact us at 925.310.5450 or sheltermedicine@maddiesfund.org.



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Organization Information

Please provide the following information about your organization.

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:	<input type="text"/>
Title:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

7. Head of Organization Contact Info:

Name:	<input type="text"/>
Title:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

8. If this grant is approved, payment will be made via ACH transfer. Please provide the 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:	<input type="text"/>
Title:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>



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Additional Organization Information

For questions 9 - 15, please refer to our [Grant Requirements webpage](#) for more information. If you need further details, please contact us as 925.310.5450 or sheltermedicine@maddiesfund.org.

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:



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Organization Demographics

13. 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)

14. Approximately how many dogs 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 |

15. 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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Tell us about your project

16. Please provide the name of the Shelter Medicine Internship you're applying to host. It should be named Maddie's® Shelter Medicine Internship at [Your Organization Name].

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

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

19. Please describe how you plan to educate/train the intern that this Maddie's® Shelter Medicine Internship grant is funding:

20. How much funding are you requesting (not to exceed \$50,000)?

21. Please attach a budget for this project.

22. What is the approximate start date for this Internship? (Please select the first day of the month in which this project will begin.)

End date:

23. What is the approximate end date for this Internship? (Please select the last day of the month in which this project will end.)

Start date:



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College/University Information

Please fill out questions 24 - 26 about the College/University you're collaborating with on this project.

24. Please provide the following information for the College/University you will be collaborating with on this project. Please note, your main contact there will be required to create an account in our Grants Portal, as you will be adding them to your application.

Organization Name:	<input type="text"/>
Street Address:	<input type="text"/>
City, State, ZIP:	<input type="text"/>
County:	<input type="text"/>
Organization Phone Number:	<input type="text"/>
Organization Website:	<input type="text"/>
EIN Number:	<input type="text"/>

25. Please describe the College/University's shelter medicine program:

26. Please provide the following information for your main contact at that College/University:

Name:	<input type="text"/>
Title:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>



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Submission Agreement

27. My organization is current on all grant reporting requirements for any previous Maddie's Fund grants. (Please contact Maddie's Fund at 95.310.5450 or sheltermedicine@maddiesfund.org if you have questions about this or need to check with us.)

☐ Yes

☐ No

If no, please explain:

Please read the following important information about your grant application:

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.

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

- The Intern will provide a 6-month update with highlights of what they've learned and will contribute one piece to the Maddie's Fund blog, Chew On This.
- Your organization will be responsible for a final report due within 45 days of the end of the grant funding.
- This Internship 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].
- 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.
- Any and all presentations given or publications written by this Intern should recognize Maddie and Maddie's Fund.
- Copies of all publications stemming from this project must be submitted to Maddie's Fund at the time of publication.

When 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 as your application may not have been submitted.

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

28. 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.

- ☐ Yes
- ☐ No

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