

STAATS FOUNDATION/PAWS AND CLAWS SOCIETY

1017 Grove Avenue Thorofare, NJ 08086

Grant Proposal Summary

Submission Date:	
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ORGANIZATION			
Organization Name:			
Organization Legal Name (if different):		<input type="checkbox"/> IRS Letter attached	
Executive Director / CEO / President:		Title:	
Street Address 1:			
Street Address 2:		County:	
City, State, Zip:			
Primary Phone:		Fax:	
Organization E-mail address:		Website:	

PRIMARY CONTACT			
Primary Contact Name: Last-First-Middle			
Primary Contact Title:	(Select one) Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: <input type="checkbox"/> _____		
Primary Contact Phone:		Ext:	
		E-Mail Address:	

FINANCIAL			
Current Year Ends (mm/dd/year):		Proposed Year Ends (mm/dd/year):	
Current Budget:	\$	Proposed Budget:	\$
Current Revenue:	\$	Proposed Revenue:	\$
Current Expense:	\$	Proposed Expenses:	\$
Current Net Assets:	\$	Amount Requested:	\$

PROPOSAL		
Area of Giving:	<input type="checkbox"/> "Circle" No-Kill Initiative	<input type="checkbox"/> Other
Type of Support:	<input type="checkbox"/> General Operating Support	<input type="checkbox"/> Project Support
Proposal Summary (10 words or less) e.g. "To increase the number of adoptions" or "To increase the number of spay/neuter surgeries for stray and feral cats"		
Proposal Description. In 40 words or less please describe your project, target area and partnershipst or, if applying for general support, how funding will impact the overall mission of your organization to achieve no-kill status:		

PROGRAMS	
Humane Education:	
Community Outreach:	
Publications:	
Fundraising Activities:	
Other:	

POLICIES	
Pre-Screening Agreement: <i>(include copy)</i>	
Adoption Policy: <i>(Include Adoption contract)</i>	
Adoption Follow Up:	

SERVICES						
Area Served in Miles:						
Number of municipalities served:						
Human Population of area served:						
Total Number of Animals handled in previous year:		<i>Adopted</i>	<i>Euthanized</i>	<i>Redeemed</i>	<i>Spay/Neuter</i>	<i>Total</i>
	<i>Dogs:</i>					
	<i>Cats:</i>					
	<i>Other:</i>					
Number of Staff:	<i>Paid Full Time</i>		<i>Paid Part Time</i>		<i>Volunteers</i>	

TRAINING PROGRAMS	
Number of certified Animal Control Officers:	
Training Programs offered to staff in previous year:	
Publications:	

OTHER					
Date of Incorporation:					
Number of Board Members: <i>(Include List)</i>					
Shelter Hours <i>Including after hours, weekends, holidays and emergencies:</i>					
Total Number of Animals handled this year:		<i>Adoptable</i>	<i>Not Adoptable</i>	<i>Spayed / Neutered</i>	<i>Total</i>
	<i>Dogs:</i>				
	<i>Cats:</i>				
	<i>Other:</i>				