



North Carolina Veterinary Medical Association
Promoting Integrity and Excellence in Veterinary Medicine

HIGH 5 GRANT APPLICATION FORM

Section 1: Organization Information

- 1.1 501(c) 3 number:
- 1.2 Organization Name:
- 1.3 Address:
- 1.4 Phone number:
- 1.5 Email:
- 1.6 Contact person with title:
- 1.7 Grant writer (if different) with contact information:
- 1.8 Number of employees and/or volunteers:
- 1.9 Annual operating budget:
- 1.10 Name and contact information for NCVMA veterinarian:
- 1.11 How did you find out about our grants?

Section 2: Description of Organization

- 2.1 Mission Statement:
- 2.2 Brief history with date of origination:
- 2.3 Synopsis of projects in progress and completed in the last 5 years:
 - 2.3.1 Project funding:

2.3.2 Original purpose:

2.3.3 Ultimate outcome of project (educational, fundraising, volunteer recruitment, building) and the completion date:

Section 3: Purpose for which you are requesting grant (please be thorough and specific)

Section 4 Work Plan (see worksheet below)

Budget Worksheet

| Category | Function | Unit | Unit Cost | Total |
|-----------------------------|----------|------|-----------|-------|
| | | | \$ | \$ |
| <u>Personnel</u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Subtotal | | | | |
| <u>Other than Personnel</u> | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Subtotal | | | | |
| GRAND TOTAL | | | | |

****NOTE** Sections 2, 3, and 4 complete on additional pages not to exceed 5 pages**