

# RESCUE GRANT APPLICATION FORM NATIONAL SAMOYED RESCUE TRUST

(Updated November 28, 2006)

The National Samoyed Rescue Trust Grant Program has been established for the purpose of supporting groups or individuals that are actively involved in rescuing Samoyeds. Grants provided under this program shall be used to rescue Samoyeds and expenses incurred in that effort.

Any Group or individual that is actively involved in rescuing Samoyeds and has signed the Code of Rescue Ethics, completed the Application for Recognition, and been approved by the National Samoyed Rescue Board is eligible to apply for a Samoyed Rescue Grant.

Fill out the information requested below (please use as many additional sheets of paper as needed) and **mail** the original to:

National Samoyed Rescue  
Marsha Hahn, Treasurer  
PO Box 867  
Yorktown, VA 23692

A copy of this Application may **also** be sent electronically to the National Samoyed Rescue at [nsrboard@samoyedrescue.org](mailto:nsrboard@samoyedrescue.org).

Name of the Group: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Group Address: \_\_\_\_\_  
\_\_\_\_\_

Group Phone Number: \_\_\_\_\_

Primary Email Address (if applicable): \_\_\_\_\_

Group's Website URL (if applicable): \_\_\_\_\_

Type of Grant Applying For (see list of grant types at the bottom of this form): \_\_\_\_\_  
\_\_\_\_\_

Grant Amount Applied for (specify amount [if known], not to exceed \$700.00): \_\_\_\_\_  
(Grant amount should not be above actual expenses incurred, where applicable.)

Is this Grant to be used as reimbursement for services already provided?     Yes     No

If Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

**(Note: For specific services already provided, such as medical expenses, receipts must accompany this application)**

Is this Grant to be used as payment for a specific service?                     Yes                     No

If Yes, please specify \_\_\_\_\_  
(Example: Fee to accompany 501 (c)(3) application.)

In making this grant application, we understand and agree that monies received shall be used expressly for the purpose(s) stated above.

Signature of Group President: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Group Treasurer: \_\_\_\_\_ Date \_\_\_\_\_

**Grant Categories:**

- 1) Reimbursement or Subsidy for vetting of multiple intake of dogs.
- 2) Subsidy for 501(c)(3) application fee
- 3) Subsidy for 1 hour legal council in your state
- 4) Subsidy for purchase of microchips for Rescue Samoyeds
- 5) Subsidy for purchase of microchip reader(s)
- 6) Subsidy for Rescue Insurance
- 7) Subsidy for emergency or extended medical care covering either
  - a) a single medical event (ex: heartworm treatment, broken leg, emergency surgery, etc.)
  - b) care for a single dog with ongoing medical problems (ex: multiple surgeries, multiple conditions, high-maintenance conditions, etc.)Note: Will not cover routine care or cosmetic treatments unless they are part of ongoing health problems.
- 8) Subsidy for "Start Up" Fund for affiliated Rescues who need general monetary assistance for their program. (Note: The "Start Up" Fund is not intended to include items that do not go directly to the benefit of individual Rescued Samoyeds.)

**Important Additional Information:**

- NSR prefers to pay any biller directly. If this is not possible, receipts for payments must be submitted by the group Treasurer for reimbursement.
- Grant amount should not be above actual expenses incurred, where applicable.
- NSR will pay the actual cost of fees, etc., up to the determined maximum for each subsidy. Subsidy amounts may change depending on available NSR funds.
- The amount of the subsidy for rescue insurance may vary yearly and the subsidy will be sent to each affiliated Rescue who applies. The insurance subsidy shall not exceed the actual amount of the insurance.
- If you are applying for an emergency medical subsidy, please note that only one such subsidy can be awarded per rescue, per year.
- Maximum subsidy amount is \$700.00.

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For Office Use Only:

Date Application Received: \_\_\_\_\_

Decision Date \_\_\_\_\_

Approved     Need More Information     Not Approved

Date Check Sent \_\_\_\_\_ Amount \_\_\_\_\_ Check Number \_\_\_\_\_