



THE CESAR AND ILUSION MILLAN FOUNDATION

GRANT APPLICATION

DATE: _____
NAME OF ORGANIZATION: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
FAX NUMBER: _____
FEDERAL TAX ID NUMBER: _____

YOUR AGENCY IS: SHELTER
 PRIVATE NON-PROFIT
 MUNICIPAL AGENCY
 FOSTER CARE NETWORK

CONTACT INFORMATION:

NAME OF STAFF MEMBER, VOLUNTEER OR GRANT WRITER APPLYING
ON BEHALF OF THE ORGANIZATION: _____
PHONE NUMBER: _____
FAX NUMBER (IF APPLICABLE): _____
EMAIL ADDRESS: _____

GRANT PROPOSAL

GENERAL INFORMATION:

INCOME, LAST FISCAL YEAR: _____
OF ANIMALS TAKEN IN: _____
OF EMPLOYEES: _____
OF VOLUNTEERS: _____
OF FOSTER HOMES (IF APPLICABLE): _____

HAVE WE DONATED EITHER FUNDING OR PRODUCTS TO YOUR ORGANIZATION BEFORE:

YES NO

IF YES, WHAT DID WE PROVIDE YOU? _____

PLEASE INCLUDE THE FOLLOWING IN A SEPARATE DOCUMENT:

- PROOF OF NON PROFIT STATUS
- ARTICLES OF INCORPORATION
- MISSION STATEMENT
- BOARD OF DIRECTORS (NAMES, ADDRESS, PHONE NUMBER)
- A ONE – TWO PAGE WRITE UP ON THE SPECIFIC PROGRAM THAT YOU ARE LOOKING FOR THE CESAR AND ILUSION MILLAN FOUNDATION TO FUND. PLEASE NO MORE THAN TWO PAGES.
- AMOUNT OF FUNDING REQUESTED
- SPECIFICS ON HOW THE FUNDING WILL BE UTILIZED