

Pet Transport Application

* Project Title

* Identify the organizational type for this request (check all that apply):

- Municipality (City, County, Tribal, First Nations, Metis, or Inuit entity)
- Private nonprofit shelter
- Private nonprofit shelter with municipal contract(s)
- Foster-based only
- Clinic
- University
- TNR only
- Human social service agency

* Requested Grant Amount Indicate the total grant amount you are requesting. Please enter numeric values only.

* Project Description Describe your transport program, including the relationship with collaborating shelters and financial assistance or benefits exchanged.

(2000 character maximum)

* For this proposal, is your shelter acting as a source or destination shelter?

* What is your organization's annual animal intake?

* How many animals does your organization transport annually?

* How many animals will be transported in this proposal?

 Dogs Cats

0.00 Total

* Will any of the transports in this proposal be conducted internationally?

* Who will be your source shelters?

Enter Name, EIN/CRA and Physical Address (Where will you be transferring animals from?)

(4000 character maximum)

*** Who will be your destination shelters?**

Enter Name, EIN/CRA and Physical Address (Where will you be transferring animals to?)

(4000 character maximum)

*** Collaborating Shelter Detail**

Have any of your collaborating shelter(s) experienced challenges with disease outbreak/control in the last six months?

*** How many miles/kilometers, on average, are your transports?**

*** Describe your transport methods**

(4000 character maximum)

*** Can your agency provide a copy of your official transport guidelines?**

*** Are you able to provide all legal paperwork required for interstate/inter-province/international transport?**

*** Do you have formal agreements with collaborating shelters?**

*** Pet Transport Program Budget**

Please provide the detail for the requested grant funds which may include (total should equal requested grant amount):

A. Source Shelter ONLY - Transport preparation including vaccines and health certificates

B. Direct transport costs including gas, travel expenses (e.g. hotel, food)

C. Transport staffing costs (e.g. driver, coordinator)

D. Transport supplies (e.g. crates, carriers)

E. Destination Shelter ONLY - Extenuating medical for transported pets

F. Other expenses

\$0.00 Total

*** Transport Budget Details** Please list what the above requested funds will be used for (ex. transport prep includes vaccines and health certificates for 10 animals)

A.Transport
PrepB.Direct Transport
CostsC.Transport Staff
CostsD.Transport
SuppliesE.MedicalF.Oth

(32401 character(s) remaining)

*** Budget Upload (?)** Please upload your organization's total annual transport budget including all expenses, revenues and other grants or collaborating shelter financial contributions.

Upload File

*** Future Sustainability** Explain your transport program's plan for future sustainability.

(2000 character maximum)

*** Disclaimer** By checking this box, I verify that (1) I am authorized to submit this application and make all representations provided in and with this application; (2) to the best of my knowledge, the information contained in this application is true and correct. On behalf of Applicant and its officers, directors, employees and volunteers, I grant permission to PetSmart Charities, Inc. its staff and any other designated representatives to make inquiries with, and request documentation from, third parties about Applicant and the contents of this application to assist in the evaluation of this application.

Signature

Save and Proceed