



OXBOW ANIMAL HEALTH 2012 Animal Rescue Grant

11th Annual Oxbow Rescue Grant

**Over \$18,000
in cash and products to be awarded!**

**For organizations that rehabilitate wildlife or
find “forever” homes for small animals.**

Who can apply?

- Rescue Organizations
- Foster Networks
- Humane Societies
- Wildlife Rehabilitation Organizations
- Animal Sanctuaries
- Other Specialty Organizations
- Organizations in the US and Canada

What animals qualify?

- Small Animals
- Companion Livestock
- Wildlife

**Grants are awarded based upon an organization’s
effective use of resources in providing quality
animal care, home placement, education
and community outreach.**

**Applications must be postmarked between
June 1st and August 31 2012**

Mail completed application packets to:
**Oxbow Animal Health • Attn: Grant Review Committee
29012 Mill Road • Murdock, NE 68407 USA**

PH: (800) 249-0366 • FAX: (402) 867-3222 • www.oxbowanimalhealth.com



GRANT CATEGORIES

Education or Outreach Support
Educational and outreach programs,
training materials, leaflets, and videos.

Capital Improvement Support
Renovations, additions, new
structures, and equipment
purchases.

Operating Support
Normal operating expenses
such as feed, utilities, and
veterinary care.





OXBOW ANIMAL HEALTH RESCUE GRANT General Information

**Applications must be postmarked between
June 1, 2012 and August 31, 2012 and mailed to:**

**Oxbow Animal Health • Attention: Grant Review Committee
29012 Mill Road • Murdock, NE 68407 • USA**

Organization Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____ Website: _____
 Contact Name: _____ Title: _____
 Year founded: _____ # of FT employees _____ # of PT employees _____
 # of volunteers _____ # of volunteer hours/month _____

Geographic area served by organization: _____
 Name of local newspaper: _____

Which of the below best describes your organization?

- Foster Network
 Rescue Organization
 Shelter
 Animal Sanctuary
 Wildlife Rehabilitation
 Yes No The organization has 501C3 status *(Please provide documentation if available.)*
 Yes No Organization has applied for a previous Oxbow grant. Year(s) _____

Requesting funding and support for the following:

- Education/Outreach**
 Capital Improvement
 Operating
 (Special program and/or project support)
 (Building and/or equipment improvements)
 (For example, feed, utilities, and vet care)

Type of Species Served and the Number Rescued and Adopted Annually: *Check all that apply*

	Rescued	Adopted		Rescued	Adopted
<input type="checkbox"/> Chinchillas	_____	_____	<input type="checkbox"/> Prairie Dogs	_____	_____
<input type="checkbox"/> Ferrets	_____	_____	<input type="checkbox"/> Rabbits	_____	_____
<input type="checkbox"/> Gerbils	_____	_____	<input type="checkbox"/> Rats	_____	_____
<input type="checkbox"/> Guinea Pigs	_____	_____	<input type="checkbox"/> Reptiles	_____	_____
<input type="checkbox"/> Hamsters	_____	_____	<input type="checkbox"/> Iguanas	_____	_____
<input type="checkbox"/> Cats	_____	_____	<input type="checkbox"/> Wildlife	_____	_____
<input type="checkbox"/> Mice	_____	_____	<input type="checkbox"/> Other	_____	_____ <small>(Rehabbed/Released)</small>

For questions contact Oxbow Academy at: web@oxbowanimalhealth.com or call us at (800)-249-0366



OXBOW ANIMAL HEALTH RESCUE GRANT Financial & Outreach Information

Amount of funding requested: \$ _____

* If the requested funds will be used for **Capital Improvement Support** or **Education/ Outreach Support**, a copy of the project/program budget and timeline must accompany this application.

Annual income in previous fiscal year \$ _____

Total expenses in previous fiscal year \$ _____

Food and hay expenses in previous fiscal year \$ _____

Medical / Veterinary expenses in previous fiscal year \$ _____

Is there something unusual about your financial support in the current fiscal year as compared to the previous fiscal year? Explain: _____

Please rank in order your top 5 sources of income (1 being the highest and 5 the lowest):

- | | |
|---|---|
| <input type="checkbox"/> Membership Dues
<input type="checkbox"/> Adoption Fees
<input type="checkbox"/> Animal Sponsorship
<input type="checkbox"/> Grants
<input type="checkbox"/> Business Contributions
<input type="checkbox"/> Gift Shop | <input type="checkbox"/> Clothing (T-shirts & Attire)
<input type="checkbox"/> Dinners
<input type="checkbox"/> Camps (education programs)
<input type="checkbox"/> Feed Sales
<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Other (specify) _____ |
|---|---|

Please attach a copy of your most recent financial report to the grant application.

Public Relations, Outreach, & Education

Check all that apply and indicate frequency : W=Weekly, M=Monthly, Q=Quarterly, Y=Yearly, O=Ongoing

	Frequency W/M/Q/Y/O		Frequency W/M/Q/Y/O
<input type="checkbox"/> Pet Stores	_____	<input type="checkbox"/> Camps	_____
<input type="checkbox"/> School Visits	_____	<input type="checkbox"/> Newspaper	_____
<input type="checkbox"/> Adoption Days	_____	<input type="checkbox"/> Radio	_____
<input type="checkbox"/> Petfinder	_____	<input type="checkbox"/> Television	_____
<input type="checkbox"/> Newsletter	_____	<input type="checkbox"/> Festivals & Expos	_____
<input type="checkbox"/> Shelter Coordination	_____	<input type="checkbox"/> Seminars or Conferences	_____
<input type="checkbox"/> Library Visits	_____	<input type="checkbox"/> Other (specify)	_____
<input type="checkbox"/> Scouts	_____	<input type="checkbox"/> Other (specify)	_____

For questions contact Oxbow Academy at: web@oxbowanimalhealth.com or call us at (800)-249-0366





OXBOW ANIMAL HEALTH RESCUE GRANT Organization Goals & References

Describe your organization's mission and primary goals.

Summarize your grant request.

Professional References

List two professional references below and submit with your application two completed reference forms (Part 4) in sealed and signed envelopes. Professional references include veterinarians, government agents, other related professionals.

Name _____

Name _____

Address _____

Address _____

Phone # _____

Phone # _____

I certify that all information provided in this application is true and correct. I further agree to provide Oxbow with information regarding the use of any awarded funds, and permit Oxbow Animal Health to share information about my organizaion in promotional materials and activities. I understand if any information in this application is found to be fraudulent or incorrect, the application will be disqualified and any awarded funds must be forfeited and returned in full to Oxbow Animal Health.

Printed Name of applicant _____ Title _____

Applicant's signature _____ Date _____





OXBOW ANIMAL HEALTH RESCUE GRANT Professional Reference Form

We _____ request that _____ complete the following information.
(Organization) (Reference Name)

We understand that information regarding our business relationship, services rendered and organizational knowledge may be needed and thereby give permission to release this information.

Authorized Signature: _____

Reference contact information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

How long have you been associated with the organization applying for the Oxbow grant? _____
In what capacity have you been involved with this organization?

In your professional opinion, what are the strengths and weaknesses of this organization?

Please evaluate the organization:

	Considerably below expectations	Below expectations	Meets expectations	Beyond expectations	Considerably beyond expectations
Clear communication of organizational mission and goals and activities are focused on achieving these goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective use of available resources and funding, including volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate utilization of veterinary and professional services for the care and welfare of animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please return completed reference form to the organization's representative in a sealed, signed envelope. If you have any questions please contact Oxbow Animal Health at 800-249-0366, or by email at academy@oxbowanimalhealth.com.

Signature _____ Date _____

For questions contact Oxbow Academy at: web@oxbowanimalhealth.com or call us at (800)-249-0366



OXBOW ANIMAL HEALTH RESCUE GRANT Instructions & Checklist

In order for your application to be considered, make sure the following items are complete and included with your application.

- Completed application (Parts 1, 2, & 3)
- Two completed references in sealed and signed envelopes (Part 4)
- Most recent annual financial statement
- Capital Improvement** or **Education/Outreach Support** budget and timeline
(not required for applications for operating support)

Helpful Hints:

- The application found online at www.oxbowanimalhealth.com will enable you to electronically complete the application; however, the information entered on the electronic application cannot be saved. Please print the completed application and submit by mail. Retain a copy for your own records.
- Include a variety of materials that show how your organization functions and how you raise awareness.
- Applications and enclosed materials cannot be returned to your organization. This includes DVD's, CD's, binders, and any other materials.

**Completed applications and required materials need to be
postmarked by August 31, 2012 and mailed to:**

Oxbow Animal Health
Attention: Grant Review Committee
29012 Mill Road
Murdock, NE 68407
USA