



- 7. Please attach a list with the name, position, address and phone number of all members of your Board of Directors.
- 8. Number of Staff: \_\_\_\_\_ Full Time Equivalent \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_
- 9. Size of Annual Budget: \$ \_\_\_\_\_

**C. FUNDING INFORMATION**

10. Amount Requested from ANIMAL WELFARE GRANT: \$ \_\_\_\_\_ *(Please note maximum grant is \$14,665.00 - subject to Council approval)*

11. Funding Summary: In one or two sentences, please provide us with an overview of the work/project you wish to undertake with these funds.

12. **Need:** How did you identify the work/project mentioned above as necessary for your organization at this time? Why is it necessary to do something about it now?

13. **Proposed Activities:** What activities have you planned to complete your work/project? How will the board, staff, volunteers and other stakeholders be involved?

Description of Activity	Who is involved?	Anticipated Costs	Anticipated Dates

14. **Anticipated Results:** What outcomes do you anticipate as a result of the work/project? What effect do you expect the work/project will have on your organization over the long term?

**D. ANIMAL WELFARE OBJECTIVES**

City funding is only for projects that reinforce the City’s animal services mandate.

15. Describe how this project will reinforce the City’s animal services mandate.

16. Is your organization able and willing to provide financial assistance to marginalize people to aide them in the rehabilitation of their aggressive dog?      Yes                      No

If yes, please explain how the funding is provided to those in need, what is the process to ensure the funds are being used for rehabilitation and how is it accounted for?

**E. SIGNATURES**

We certify that, to the best of our knowledge, the information provided in this Civic Grant request is accurate and complete and is endorsed by the organization which we represent. We also certify that our organization meets the

basic eligibility criteria and agrees to the funding conditions as outlined in the Animal Welfare Grant Information Sheet.

Signature of two signing officers of the Board of Directors (NOT STAFF)

---

Signature	Title	Date (yyyy-mm-dd)
-----------	-------	-------------------

---

Name (printed)

---

Signature	Title	Date (yyyy-mm-dd)
-----------	-------	-------------------

---

Name (printed)

#### IMPORTANT CHECKLIST

Please ensure that your application includes the following:

1. List of Board of Directors (including position held, address and phone numbers)
2. A copy of the Minutes from the last Annual General Meeting.
3. A copy of your *Certificate of Incorporation*.
4. Two copies of this completed and signed form.
5. Complete responses to each question.

**APPLICATION DEADLINE IS  
Friday January 3, 2020**

Please return to:

City of Vancouver  
Animal Control  
1280 Raymur Avenue  
Vancouver, BC V6A 3L8  
Ph: 604-871-6885 Fax: 604 871 6862  
animalwelfaregrant@vancouver.ca