



# Animal Rescue Grant

Up to \$50,000 will be awarded to organizations who find forever homes for small animals or who rehabilitate wildlife!

## WHO CAN APPLY?

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

## WHAT ANIMALS QUALIFY?

- Small Animals which utilize Oxbow's product line. Please note that we are unable to provide any funding for dog-specific or cat-specific rescues or projects.
- Wildlife
- Companion Livestock (alpacas, llamas, goats, donkeys, miniature horses, and others). Please note that we are unable to provide funding for equine-specific rescues or projects.

## GRANT CATEGORIES

### Education and 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.

APPLICATIONS MUST  
BE POSTMARKED  
BETWEEN

JUNE 1 AND  
JULY 31, 2023!



Find the application at:  
[oxbowanimalhealth.com/for-rescues](https://oxbowanimalhealth.com/for-rescues)

OXBOWANIMALHEALTH.COM | 531-721-2300 | 11902 S. 150<sup>TH</sup> ST OMAHA, NE 68138

*growing the good™*



# Animal Rescue Grant

## HELPFUL INFORMATION

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

Organizations are eligible to receive funding two out of every three years.

In order for your application to be considered, ensure the following are complete and included with your application:

- ☐ **COMPLETED APPLICATION** (Parts 1, 2, and 3)
- ☐ **TWO PROFESSIONAL REFERENCE FORMS** (Part 4)
  - included with application packet in sealed and signed envelopes, **OR**
  - emailed directly from references to [info@oxbowanimalhealth.com](mailto:info@oxbowanimalhealth.com) with subject line "Rescue Grant - Reference for (Rescue Name)"
- ☐ **MOST RECENT ANNUAL FINANCIAL STATEMENT** (balance sheet/income statement)
- ☐ **A COPY OF PROJECT/PROGRAM BUDGET AND TIME LINE IS REQUIRED** if the requested funds will be used for Capital Improvement Support or Education and Outreach Support.

The application found online can be completed electronically. Please print the completed application and submit by mail.

Retain a copy of your application for your records.

Include a variety of materials that show how your organization functions and how you raise awareness.

Applications and enclosed materials will not be returned (i.e. DVDs, CDs, binders, etc.).

More helpful hints and FAQs can be found online at [www.oxbowanimalhealth.com](http://www.oxbowanimalhealth.com).

**APPLICATIONS MUST  
BE POSTMARKED  
BETWEEN**

**JUNE 1 AND  
JULY 31, 2023!**

## SUBMIT COMPLETE APPLICATION TO:

Oxbow Animal Health  
Attn: Grant Review Committee  
11902 S. 150th St.  
Omaha, NE 68138

For more information, email  
[info@oxbowanimalhealth.com](mailto:info@oxbowanimalhealth.com) with the  
subject line "Animal Rescue Grant"



PART 1 OF 4

RESCUE GRANT

# Animal Rescue Grant

Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Year Founded: \_\_\_\_\_ # of FT Employees: \_\_\_\_\_ # of PT Employees: \_\_\_\_\_

# of volunteers working with applicable species: \_\_\_\_\_

# of volunteer hours/month: \_\_\_\_\_

Geographic area served by organization: \_\_\_\_\_

Name of local newspaper: \_\_\_\_\_

Which of the following best describes your organization?

☐ Foster Network ☐ Shelter ☐ Animal Sanctuary ☐ Wildlife Rehabilitation ☐ Other

This organization has 501C3 status:

(Please provide documentation if available. Not required for eligibility.)

☐ Yes ☐ No

This organization has received a grant from Oxbow:

(Note that organizations are eligible to receive grants 2 out of 3 years.)

☐ Yes ☐ No Year(s): \_\_\_\_\_

Types of Species Served and the Number Rescued and Adopted Annually:

(Check all that apply. If organization identifies as a sanctuary that doesn't adopt, please mark N/A in the adopted column of applicable species.)

|                                       | Intake | Adopted |   | Intake | Adopted                       |
|---------------------------------------|--------|---------|---|--------|-------------------------------|
| <input type="checkbox"/> Chinchillas  | _____  | _____   | <input type="checkbox"/> Rabbits                  | _____  | _____                         |
| <input type="checkbox"/> Ferrets      | _____  | _____   | <input type="checkbox"/> Rats                     | _____  | _____                         |
| <input type="checkbox"/> Gerbils      | _____  | _____   | <input type="checkbox"/> Reptiles                 | _____  | _____                         |
| <input type="checkbox"/> Guinea Pigs  | _____  | _____   | <input type="checkbox"/> Wildlife                 | _____  | _____ (Rehabbed/<br>Released) |
| <input type="checkbox"/> Hamsters     | _____  | _____   | <input type="checkbox"/> Other _____<br>(specify) | _____  | _____                         |
| <input type="checkbox"/> Mice         | _____  | _____   | <input type="checkbox"/> Other _____<br>(specify) | _____  | _____                         |
| <input type="checkbox"/> Prairie Dogs | _____  | _____   | Total (from all columns)                          | _____  | _____                         |

Questions? Contact us at [info@oxbowanimalhealth.com](mailto:info@oxbowanimalhealth.com) or 800-249-0366.



# Animal Rescue Grant

Organization's annual income in previous fiscal year: \_\_\_\_\_

Total expenses in previous fiscal year: \_\_\_\_\_

Food and hay expenses for applicable species in previous fiscal year: \_\_\_\_\_

Medical/Veterinary expenses for applicable species 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. If description is longer than space allows please attach separately.

---



---



---

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

- |                              |                                      |
|------------------------------|--------------------------------------|
| _____ Membership Dues        | _____ Clothing (t-shirts and attire) |
| _____ Adoption Fees          | _____ Dinners                        |
| _____ Animal Sponsorship     | _____ Camps (education programs)     |
| _____ Grants                 | _____ Feed Sales                     |
| _____ Business Contributions | _____ Other (Specify) _____          |
| _____ Gift Shop              | _____ Other (Specify) _____          |

**Attach a copy of your most recent financial report (balance sheet/income statement) to the grant application.**

## PUBLIC RELATIONS, OUTREACH, AND EDUCATION

Check all that apply and indicate frequency. D=Daily, W=Weekly, M=Monthly, Q=Quarterly, Y=Yearly

|   | Frequency<br>D/W/M/Q/Y |   | Frequency<br>D/W/M/Q/Y |
|---|------------------------|---|------------------------|
| <input type="checkbox"/> Pet Stores           | _____                  | <input type="checkbox"/> Social Media (Facebook, Twitter, etc)                            | _____                  |
| <input type="checkbox"/> Petfinder.com        | _____                  | <input type="checkbox"/> Youth Organizations<br>(Summer camp, 4H, scouts, FFA, YMCA, etc) | _____                  |
| <input type="checkbox"/> Adoption Days        | _____                  | <input type="checkbox"/> Promotional Outreach<br>(Newspaper, Radio, TV, etc)              | _____                  |
| <input type="checkbox"/> Festivals and Expos  | _____                  | <input type="checkbox"/> Community Events<br>(School, Library, Nursing Home Visits, etc)  | _____                  |
| <input type="checkbox"/> Newsletter           | _____                  | <input type="checkbox"/> Other(specify) _____   | _____                  |
| <input type="checkbox"/> Seminars/Conferences | _____                  | <input type="checkbox"/> Other(specify) _____   | _____                  |

Questions? Contact us at [info@oxbowanimalhealth.com](mailto:info@oxbowanimalhealth.com) or 800-249-0366.



PART 3 OF 4

RESCUE GRANT

# Animal Rescue Grant

Requesting funding and support for:

☐

**Education and Outreach**

Special program and project support  
Include a detailed budget and timeline

☐

**Capital Improvement**

Building and/or equipment improvements  
Include a detailed budget and timeline

☐

**Operating**

Feed, utilities, and vet care

Amount of funding requested: \_\_\_\_\_

Awards will be monetary and/or product.

Describe your organization's mission and primary goals. If description is longer than space allows please attach separately.

---

---

---

---

---

Summarize your grant request. If description is longer than space allows please attach separately.

---

---

---

---

---

List 2 professional references below that will submit reference forms on your behalf. Professional references include veterinarians not on staff, government agents or other related professionals.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

☐

Submitting  
via email

☐

Signed & sealed envelope  
included with application

☐

Submitting  
via email

☐

Signed & sealed envelope  
included with application

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 organization 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 \_\_\_\_\_



# 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 \_\_\_\_\_ Date \_\_\_\_\_

Reference contact information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How long have you been associated with the organization applying for this grant? \_\_\_\_\_

In what capacity have you been involved with this organization? If description is longer than space allows please attach separately.

In your professional opinion, what are the strengths and weaknesses of this organization? If description is longer than space allows please attach separately.

Please evaluate the organization:

|  | Considerably<br>below<br>expectations | Below<br>expectations    | Meets<br>expectations    | Beyond<br>expectations   | Considerably<br>beyond<br>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"/>               |

Return completed reference form to the organization's representative in a sealed, signed envelope.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? Contact us at [info@oxbowanimalhealth.com](mailto:info@oxbowanimalhealth.com) or 800-249-0366.