

Ferret Emergency-Disaster Relief Grant Request

- Please submit 1 copy of application and any applicable attachments to: FACT, Inc. 16 Sherbrooke Ave., Hartford, CT 06106-3838 or via the web to <mailto:INFO@FerretAssn.org>
- Please attach any additional information you feel necessary to better explain your specific needs.



Applicant Name: _____

Address: _____

Telephone: _____

E-mail: _____ Web site: _____

Primary Contact: _____ Title: _____

Phone # if different from above: _____



Organization Type: Vet Clinic Ferret/Exotics Shelter Boarding Facility

General Animal Shelter (check if you receive more than 50% of your funding from the city/state/county)

Other (please describe): _____

Amount of Grant Requested: _____

Primary Purpose of Grant:

Basic Medical Care (Exams/shots) Housing (Cages) Transportation

Food Supplies Bedding Major Medical Care (Injury/Illness)

General Organization Information (please complete all that apply)

Are you a registered non-profit? _____ If so, please attach copy of State and/or IRS designation letter.

Are you a licensed/registered facility? _____ If so, please attach copy of designation letter.

Do you have a Board of Directors? _____ If so, please attach list.

Do you have a Mission Statement? _____ If so please attach it, a brochure, or brief organization description.

Do you prepare public financial reports? _____ If so, attach current/prior year income/expense reports.

Are animals adopted out of your shelter spayed/neutered before adoption? _____

Do you have a boarding contract? _____ If so, please attach.

For Ferret (Exotic) Shelters only:

How many years have you been in operation? _____

Do you use an adoption application? _____ If so, please attach a copy.

How many ferrets can your shelter accommodate? _____ (exclude personal pets)

How many of your own ferrets do you house? _____ Do you breed any animals? _____

Do you work with other area animal welfare organizations? _____ If so, please identify here:

Non-Registered Shelters only:

Are funds for your shelter tracked separately from personal funds? _____

Vet Clinics & Boarding Facilities only:

Are you providing discounted services? _____ If so, please describe here: _____

Disaster Information

How many ferrets are you currently housing due to this event? _____

How many have significant medical needs? _____

Please describe nature of medical problems (attach copy of veterinary bills, if available):

How many have owners that are known and plan to reclaim their pets? _____

How many have owners expected to be homeless for a significant period? _____

Are/can the owners (if known) able to contribute to their pets' medical care? _____

How long will you hold pets before you require owners to relinquish them? _____

Do you normally charge for boarding? _____ If so, how much/day/animal? _____

Are you offering boarding to animals displaced due to disaster at reduced rates? _____

Please estimate your per diem cost to care for 1 ferret (if known): _____

What are your plans for animals who are or become permanently abandoned?

Please provide expected length of board time for animals currently in your care:

Do you expect more displaced animals will arrive? _____

If so, how many more can you care for on a long-term (more than 1 week) basis? _____

Have you requested funds from other donors? _____ If so, please list who & amount:

Please attach any cost estimates associated with caring for displaced ferrets and how the estimates were calculated. Examples include daily boarding costs (food, cleaning supplies, staff), mileage allowances for transporting animals, veterinary expenses (surgeries, medication), supplies (cages, carriers, bedding), or any other extraordinary costs.

Printed name & title: _____

Signature: _____ Date: _____