

A completed application and supporting documentation must be submitted via e-mail to [theshelterincnj@proton.me](mailto:theshelterincnj@proton.me)

1. Organization Name \_\_\_\_\_

2. Director Name \_\_\_\_\_

3. Street Address \_\_\_\_\_

4. City/State/Zip \_\_\_\_\_

5. Phone \_\_\_\_\_

6. Email \_\_\_\_\_

7. Organization Purpose:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Description of your services:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Organization Start Date \_\_\_\_\_

10. County/Towns Served \_\_\_\_\_

11. Tax ID & Date  
Incorporated \_\_\_\_\_

12. Number of Board Members

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13. How often does your board meet each year?

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14. Do you have a humane education program? Yes No

15. If you checked Yes, please describe your education program.

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15. Number of Vehicles Owned: \_\_\_\_\_

16. Does your organization publish newsletters or use social media to advertise your activities? Check one: Yes. . No

If you checked Yes, please attach copies of your newsletters or provide your social media account name (Facebook, Instagram, etc.)

17. Please describe your fundraising activities:

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18. Number of animals handled last year: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other: \_\_\_\_\_

19. Number of dogs reclaimed: \_\_\_\_\_ Adopted: \_\_\_\_\_ Euthanized \_\_\_\_\_

20. Number of cats reclaimed: \_\_\_\_\_ Adopted: \_\_\_\_\_ Euthanized \_\_\_\_\_

21. Does your organization operate an animal shelter? Yes No

22. List NJ municipalities contracted and/or served by your organization. Also report below the number of animals handled from outside the Monmouth / Ocean County area

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23. Number of paid staff:      Full Time      \_\_\_\_\_      Part Time      N/A      \_\_\_\_\_

24. Number of active volunteer staff:      \_\_\_\_\_

25. Are injured or sick animals cared for by veterinary professionals?    Yes      No.

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26. List Shelter days/hours:

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27. Emergency Arrangements (weekends, after hours, etc.)

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28. Have any animals handled by your organization been placed in a foster home in the past year?  
Yes      .      No

If you checked Yes, please list the full name of the foster person(s) below and how many animals have been fostered there: (Example: Mary Jones - 4 dogs - 2 cats). If you have multiple fosters, you may attach a list to your application.

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29. Does anyone from your organization regularly visit the foster homes where your animals have been placed?

Yes . No If you checked Yes, please list the names of the people who visit the foster homes.

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30. MANDATORY: GRANT AMOUNT REQUESTED: \_\_\_\_\_

31. Purpose for which grant is requested. (Please be specific and attach any supporting information)

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32. Has your organization previously received a grant from The Shelter, Inc.? Yes . No

If you checked Yes, please provide the following information:

Year grant received \_\_\_\_\_ , Amount The Shelter, Inc. granted \$ \_\_\_\_\_ to your organization for the purpose of:

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Please attach documentation proving that this grant was used for the purpose for which it was requested and granted.

Grant Attachments: Please check the attachments that you are including for your organization. Feel free to add additional attachments as needed. Identify what additional attachments that you are providing.

Adoption Policy (Required)

Annual Budget and Financial Statement (Required)

Copy of most recent newsletter

Most Recent Board Meeting Minutes

List of foster names and number of rescues that each person fostered.

Documentation regarding how previous grant from The Shelter, Inc. was used. (Required if your organization previously received a grant from The Shelter, Inc.)

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Managing Director: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_