

# INDIANA HORSE COUNCIL FOUNDATION RACING LEGACY FUND



## GRANT APPLICATION

*\*Please review the grant application guidelines prior to completing this document.*

### *Racing Legacy Fund Mission*

The Indiana Horse Council Foundation, Inc. created the Racing Legacy Fund as a designated fund to implement or support programs that encourage participation or involvement in the ownership or breeding of racehorses, promote the welfare and safety of racehorses, provide adoption or retirement opportunities for horses, retrain racehorses and other retired horses for therapeutic use or other second careers, and/or assist organizations dedicated to the use of retired horses in equine therapy for human rehabilitation (collectively, the “Fund Purposes”).

**Name of Grant Project and Amount Requested:**

**Proposed Project Start Date and : Anticipated Project Completion Date:**

*(Available funds for approved grants will be disbursed within sixty (60) days of approval.)*

#### 1. **Organization Information:**

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Federal ID Number: \_\_\_\_\_

Attach Evidence of Non-Profit Status.

2. **Contact Person Information:**

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

Telephone Number: \_\_\_\_\_

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

3. **Brief History of Applicant Organization** (maximum 150 words) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Overview of the Project as it serves the Grant's Mission Statement:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Check the Box(es) That Best Describe(s) the Goal(s) of Your Project** (maximum of 3):

- |   |   |
|---|---|
| <input type="checkbox"/> Equine Rescue / Rehabilitation                   | <input type="checkbox"/> Racehorse Retirement               |
| <input type="checkbox"/> Equine Assisted Therapy (Adult)                  | <input type="checkbox"/> Equine Assisted Therapy (Child)    |
| <input type="checkbox"/> Equine Assisted Activities (Adult)               | <input type="checkbox"/> Equine Assisted Activities (Child) |
| <input type="checkbox"/> Adoption   | <input type="checkbox"/> Second Careers                     |
| <input type="checkbox"/> Retraining                                       | <input type="checkbox"/> Education                          |
| <input type="checkbox"/> Facility Development                             | <input type="checkbox"/> Promotion                          |
| <input type="checkbox"/> Research   | <input type="checkbox"/> Equine Health                      |
| <input type="checkbox"/> Awareness  | <input type="checkbox"/> Companion Animal                   |
| <input type="checkbox"/> Other (please describe, maximum 50 words): _____ |   |

\_\_\_\_\_  
\_\_\_\_\_

6. **State Who Will Benefit from the Project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Provide a Brief Breakdown of the Anticipated Use of the Grant Funds** (please list specifics related to the project and their associated costs): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **State How Your Organization Will Acknowledge This Grant to:**

- a. Your Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. The General Public: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Other Funding Sources:**

- a. **Please Check Whether You Anticipate Other Funding Sources for the Project (i.e., Matching Funds, Donations, In-Kind or Service Donations, Advertising, etc.):**  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No

b. **If Yes, Please:**

i. **Briefly State the Nature of the Other Funding Sources:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ii. **State the Anticipated Dollar Value from Each of the Other Funding Sources:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Has your organization ever applied for a grant from Indiana Horse Council Foundation, Inc.?**  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

If Yes, please state the year received and the amount awarded: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Please state whether your organization has declared Bankruptcy within the last seven years:**  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

*(If yes, additional information may be required at the sole discretion of the Indiana Horse Council Foundation, Inc.)*

12. **Please initial the space provided to acknowledge that you understand and agree:**

- a. Within Sixty (60) Days of the First Occurring of Either the Project's Anticipated Completion Date (as stated above), or Upon Depletion of the Grant Funds, You Shall Submit a Project Report Describing the Project Accomplishments and Documentation of the Use of the Grant Funds *(including copies of receipts, associated contracts, etc.)*; and
- b. Further, that Failure to Timely Submit said Project Report Will Render Your Organization Ineligible for Future Grants from the Indiana Horse Council Foundation, Inc. *(Extensions may be requested if made within the Sixty (60) Day Time Period in which the Project Report*

*initially would be due. The Indiana Horse Council Foundation, Inc. shall have sole and complete discretion as to whether such extensions should be granted.)*

\_\_\_\_\_ **Yes, I understand and agree.**  
(initials)

**13. In the event the Indiana Horse Council Foundation, Inc. approves this grant request, please state:**

A. Name of the party to whom the check should be written: \_\_\_\_\_  
\_\_\_\_\_

B. Address where the check should be mailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Authorized Agent for Organization:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title of Authorized Agent for Organization:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

The complete, signed Grant Application together with all attachments must be received on or before the March 1<sup>st</sup> or September 1<sup>st</sup> deadline to be eligible for the grant in each calendar year, and must be either electronically submitted to the Indiana Horse Council Foundation, Inc. via the online form, or may be mailed to:

Indiana Horse Council Foundation, Inc.  
Attn: Grant Coordinator  
PO BOX 153  
Greenwood, Indiana 46142

***For questions or assistance, please contact the Indiana Horse Council Foundation, Inc., at: [ihcfgrants@gmail.com](mailto:ihcfgrants@gmail.com)***