



2016 GRANT APPLICATION

Complete this application if your organization:

- 1- assists BACKSTRETCH & FARM EMPLOYEES or**
- 2- is a RESEARCH ORGANIZATION**

Thank you for your interest in Thoroughbred Charities of America. Our mission is to *provide a better life for Thoroughbreds, both during and after their racing careers, by supporting qualified repurposing and retirement organizations and by helping the people who care for them.* If your organization works to uphold our mission and is a 501 (c) (3) organization we invite you to submit a grant application.

- 1) This grant application and all required supporting documents (found on page two) are required to be postmarked by March 15, 2016.
- 2) All applications must be **typed** and mailed to the address specified on page two. Illegible and handwritten applications will be disqualified. Faxed or emailed applications will not be accepted.
- 3) Grant applications should be concise but complete. Please **do not use folders, binders or other bulky packaging. Do not submit CDs or DVDs.**
- 4) Joint applications will not be accepted.
- 5) TCA does not provide “seed money”, fund proof of concept requests or fund first year organizations.
- 6) All applications will be reviewed and considered at our Board of Directors meeting in May. Grants will be distributed to all approved applicants in June.
- 7) There are several supporting documents that must be enclosed with this grant application. Please consult the list found on page two to ensure you have included all required documentation. **Incomplete applications will be disqualified.**
- 8) On occasion, TCA may share information submitted by applicants with our donors.

Please sign below to indicate that you have read and understand the above stated information. **This page must accompany your completed grant application.**

Signature of Grant Writer: _____ Date: _____

CHECKLIST FOR BACKSTRETCH/FARM EMPLOYEE PROGRAMS AND RESEARCH ORGANIZATIONS

Below is a checklist of items that must be submitted with all TCA grant applications. If your application is incomplete, it will be disqualified.

- Page one of this application is signed and dated by the grant writer.
- Completed grant application (pages 3-8).
- Copy of your organization's IRS Exemption Letter attesting to your organization's 501 (c) (3) status.
- Copy of your organization's 2014 and, if available, 2015 IRS Form 990 tax return.
- If your organization utilizes the Form 990 EZ you must also submit the enclosed Statement of Functional Expenses. If your organization utilizes the long form 990 you do not need to submit a Statement of Functional Expenses.
- A 2015 balance sheet and profit and loss statement.
- A 2016 year-to-date balance sheet and profit and loss statement.
- A 2016 operating budget.
- Resume for your Executive Director, President or other named head of the organization.
- Copy of your volunteer agreement and guidelines. If you do not have an existing agreement or guidelines please include a brief narrative about the expectations you have for your volunteers and the duties they are expected to perform.
- A copy of the declarations page of your organization's general liability insurance. If your organization does not carry general liability insurance please include a statement from your board explaining the reason for the absence of coverage.
- A copy of the declarations page of your organization's directors and officers insurance. If your organization does not carry directors and officers insurance please include a statement from your board explaining the reason for the absence of coverage.

The grant application and all supporting documents must be postmarked by March 15, 2016.

**Please mail to:
Thoroughbred Charities of America
P.O. Box 910668
Lexington, KY 40591**

If you have any questions, please e-mail ecrady@tca.org or call (859) 276-4989.

GRANT APPLICATION FOR BACKSTRETCH/FARM EMPLOYEE PROGRAMS AND RESEARCH ORGANIZATIONS

NOTE: IF YOUR ORGANIZATION CARES FOR HORSES, DO NOT COMPLETE THIS APPLICATION. YOU MUST COMPLETE THE APPLICATION FOR ORGANIZATIONS THAT PROVIDE CARE FOR HORSES.

Please complete the application below. Handwritten applications will NOT be accepted.

Name of 501 (c) (3) organization: _____

Year established: _____

Name of organization principal: _____
(Please include a current resume.)

Mailing address: _____

City, state and zip code: _____

Work phone: _____ Cell phone: _____

E-mail address: _____ Website _____

Facebook URL: _____ Twitter Handle: _____

Please categorize your organization (select only one):

- Backstretch/farm employee services (my organization serves the backstretch or farm employee community)
- Equine research
- Educational services (my organization serves students)
- Other – please describe:

Are there any legal proceedings pending against your organization or its principal?

- Yes No

Please provide a response to each question below. If more space is needed, please continue your responses on a separate sheet of paper.

1) What is your mission statement?

2) In brief, what is your proposed use of the grant you are applying for? (100 words or less)

3) If you received a grant from TCA in 2015 please describe how those funds were used. If you did not receive a grant please mark as "n/a".

4) How is your organization funded?

5) Describe the population served by your organization.

6) On average, how many constituents does your organization serve each year?

7) Please list the major contributors that have provided funding to your organization within the last calendar year. Major contributions are considered greater than \$5,000.

8) Please list the organization's board of directors. Include name, telephone number and email address.

9) Please list the names, email addresses and briefly, the duties of the primary volunteers in your organization.

10) Please list the names and briefly, the duties of all the paid employees in your organization.

11) Please describe your charity's marketing and public education efforts including your work with community groups.

12) Please list any publicity your charity has earned within the last calendar year. (Please include links to online articles or copies of printed articles.)

13) Does your organization carry general liability insurance? Yes No
If your organization does not carry general liability insurance, please include a statement from your board indicating why you do not carry coverage.

14) Does your organization carry directors and officers insurance? Yes No
If your organization does not carry directors and officers insurance, please include a statement from your board indicating why you do not carry coverage.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				