

Kentucky Horse Council Equine Grant Program

PROJECT OBJECTIVES

4. What is/are the objectives of the project?

5. How will the objectives be achieved?

6. How will the funds be used?

7. How will you measure the success of the project, and what methods will be used?

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PROJECT DESCRIPTION

8. Please describe in detail the project from beginning to end.

9. Please describe any/all products or services that will be offered, and what they will do for the individuals.

10. Please list those who will manage the project. Include qualifications, duties and any experience relating to the project. Attach résumés.

11. Does the organization's current insurance cover this project? If not, what type of coverage will be obtained?

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MARKETING & EDUCATION

12. What types of advertising will be used?

13. Does the project include educational seminars, and what will be their focus?

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SUPPORTING DOCUMENTS – Please attach the following to application

- A. IRS status certificate verifying 501 (c) (3) or 501 (c) (10) status
- B. Budget (one is included with application)
- C. Letters of Recommendations – at least 3 from equine-related entities.
- D. Copies of any legal documents (i.e. contracts)
- E. Formal Business Plan – If you have one, please submit a copy.
- F. Current Financial Statement
- G. A release of information form that allows HKC to use grant information in PSI, press releases, etc.

Budget & Budget Description Form

Budget – use additional paper if necessary

Expenditure	KHC Funds Requested	Applicants Contribution (Matching Fund)	Totals
A. Equipment (list)			
B. Marketing Supplies (list)			
C. Administrative Expenses (no salaries allowed)			
1. Materials/Supplies			
2. Education			
Total Amount of Request			

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Budget Description

Please describe each budget item in detail for which funds are requested on an additional sheet of paper. Additionally, describe each matching fund budget item. If there are items that are shared-use or donated acting as match funds, please estimate amounts.

Signature

Date

Printed Name/Title

Organization

Date Reviewed by Grant Committee

___Accepted
___Denied

Date Reviewed by Executive Board

___Accepted
___Denied

Date Reviewed by Full Board

___Accepted
___Denied