



**Application to Request Funding from the MVMA Charities**

Organization name: \_\_\_\_\_

Organization address: \_\_\_\_\_

Organization website: \_\_\_\_\_

Organization tax ID number: \_\_\_\_\_ Is organization a 501(c)(3)?: \_\_\_\_\_

Executive Director's name, phone, and email: \_\_\_\_\_

\_\_\_\_\_

Contact name, phone, e-mail (if not executive director): \_\_\_\_\_

\_\_\_\_\_

Board President's name: \_\_\_\_\_

Date application submitted: \_\_\_\_\_

Total past giving from the MVMAC and years given: \_\_\_\_\_

\_\_\_\_\_

If this is for a specific project, what is the total project budget? \_\_\_\_\_

Other sources of income for the project: \_\_\_\_\_

\_\_\_\_\_

Amount requested for this project: \_\_\_\_\_

Time period this funding will cover: \_\_\_\_\_

Target population for this proposal: \_\_\_\_\_

Briefly describe your organization's mission and goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly summarize the purpose of this request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you measure success for this project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the MVMACI be recognized in any way for its support and if so, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby verify that the information provided is accurate and honest to the best of my knowledge.

Authorized signature (President or Executive Director): \_\_\_\_\_

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

**MVMA Charities**  
A 501(c)(3) Not-for-Profit Supporting Organization  
of the Massachusetts Veterinary Medical Association

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