

**The Snyder Foundation for Animals
TRANSMITTAL FORM
Award Year 2010-2011**

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: (Day) _____ (Evening) _____

NAME & CELL PHONE # OF MAIN CONTACT PERSON: _____

TITLE OF MAIN CONTACT PERSON: _____

FAX: _____ **E-MAIL/WEB SITE:** _____

ORGANIZATION PROFILE:

Type (Check all applicable categories):

___ Nonprofit: If so, do you hold 501(c)(3) status? Yes () No ()

___ Federal Tax I.D. Number:

___ Shelter ___ All-volunteer

___ Local government: City () County ()

Total Assets: _____ **Annual Operating Budget:** _____

Years in Service: _____

Number of Staff: _____ **Paid:** _____ **Volunteer:** _____

TYPE OF PROJECT TO BE FUNDED: _____

ESTIMATED ANNUAL COST OF PROJECT: _____

AMOUNT OF FUNDING REQUESTED: _____

ESTIMATED NUMBER OF ANIMALS WITH SFFA GRANT: _____

ESTIMATED COST PER ANIMAL WITH SFFA GRANT: _____

PRINT NAME OF EXECUTIVE DIRECTOR OR BOARD PRESIDENT AND TITLE:

SIGNATURE OF EXECUTIVE DIRECTOR OR BOARD PRESIDENT:

DATE: _____