



## AMERICAN QUARTER HORSE FOUNDATION THERAPEUTIC RIDING PROGRAM

**Program Contact:**  
Manager of Programs  
(806) 378-5034  
*lowens@aqha.org*

### 2010 GRANT FUNDING AVAILABLE

The American Quarter Horse Foundation encourages the submission of grant applications by therapeutic riding organizations serving those with emotional, physical and cognitive limitations. Funding decisions will support the purchase of safety equipment for riders and or equines and scholarship assistance for client expenses. **Deadline for applications is March 1, 2010.**

Based on the number of qualified applicants and the current budget available, we ask that all grant requests be limited to \$10,000 and under. Funding decisions will be limited to support the purchase of safety equipment for riders and or equines and scholarship or financial assistance for client expenses.

### APPLICANT CRITERIA

1. Applicant organization must be a therapeutic riding center which utilizes horses to provide program services designed to benefit challenged or special-needs individuals.
2. Organization must be in existence for three years or more and seek support for the enhancement of an existing program or project.
3. Applicant organization must have at least one NARHA-certified instructor on staff and may be a NARHA member center and or premier accredited center.
4. Organization must be tax exempt under 501 (c)(3) of the Internal Revenue Code.
5. Funding awarded must be applied directly to the approved project with no funds used for administrative or fundraising costs and expenses.

Upon submission of applicant's proposal, all materials received will become the property of the American Quarter Horse Foundation and may be used as deemed appropriate. Submitted materials may be reviewed by outside individuals and or organizations as part of the assessment process.

The American Quarter Horse Foundation Board of Trustees has the responsibility for final approval of each grant. Since the Foundation receives funding requests far in excess of funds available, only a small portion of the requests are approved in whole or in part. A decision not to fund a proposal does not necessarily reflect the organization's merits and or value of the proposal, but rather results from limited resources available for review. Applicants may choose to update their proposal and submit the grant request again the following year.

## APPLICATION INSTRUCTIONS

**Proposals that do not conform to these written instructions will not be considered for funding.** All proposals must use this application form and adhere to the format/layout described below. With exception to the cover sheet and budget forms, applications must use a minimum 12-point font with one-inch margins. All pages of the application, beginning with the cover sheet, should be clearly numbered. Applications should be no more than 15 pages in length.

Applications should be completed in full and must be printed or typed neatly in black or blue ink. Do not staple application/proposal materials; please use paper or binder clips to secure items. Do not place proposals in binders, folders or protective sheet covers.

**Faxed proposals will not be accepted.** All completed applications must be submitted by mail to: American Quarter Horse Foundation, Therapeutic Riding Grant Program, 2601 East Interstate 40, Amarillo TX 79104. Questions or inquiries may be directed to the Programs Office at (806) 378-5040 or [jpazderny@aqha.org](mailto:jpazderny@aqha.org).

### CHECK-LIST

A check-list has been included for your convenience. Once you have compiled the items necessary for application, submit items in check-list order.

### COVER SHEET

Complete the enclosed cover sheet which requests all pertinent contact information needed for the grant selection and notification process. A signed copy of the cover sheet must be received by the deadline indicated.

### PROJECT REQUEST

Complete a "Project Request" narrative using the specific items or topics referenced below. Limit the narrative to one (1) page.

The narrative should describe the project for which you are requesting grant funding, a timeline for implementation and how funding will positively impact your organization. The following points should be incorporated into the narrative:

- What needs does this request address
- General timeline for the main objectives of your request
- Tell us how the funds will be used
- Why you are seeking support at this time

Explain the project's goal and specific outcomes expected (i.e. services advanced, numbers served, goals completed, etc.) What activities and strategies will be used to achieve your stated outcomes?

How do you plan to evaluate the effectiveness or impact of the grant?

If full funding is not available through this request, how will you proceed? Please explain.

## **PROGRAM DESCRIPTION**

Complete a “Program Description” narrative using the specific items or topics referenced below. Limit the narrative to two (2) pages.

The narrative should describe the organization’s establishment and year of inception, mission statement, current services provided as well as the program’s goals and objectives. The following points should be incorporated into the narrative:

- Organization’s history and accomplishments
- Current services and activities provided, including target disabilities
- Constituency, including demographic information
- Program type (year-round, summer only, etc.)
- Length of individual lessons or sessions (daily, weekly, etc.)
- Service fees, including organization’s and client’s costs
- Number of clients served annually, including long-term goals

Summarize the skills and relevant experience of key staff/volunteers essential to your organization’s and or project’s success. If your organization is collaborating with other organizations, note which ones and in what way.

## **FACILITIES DESCRIPTION**

Complete a “Facilities Description” narrative using the specific items or topics referenced below. Limit the narrative to one (1) page.

The narrative should describe the facility utilized, including its location, arena type, horse shelters – indoor or outdoor, horse care and all related management practices. The following points should be incorporated into the narrative:

- Own or lease property, including length or term
- Arena (covered, non-covered, enclosed, etc.)
- Type of horse shelters (barn, stall, loafing shed, etc.)
- Equipment (ramps, saddles, tack, helmets, etc.)
- Transportation (vehicles, horse trailers or other arrangements)

Explain the care provided for therapy horses, including routine veterinary check-ups and immunizations, farrier care, nutrition (hay and feed provided), stalling and pasture turn-out procedures as well as basic day-to-day care and grooming. Also explain if any of these services are offered at discounted rates or donated by members of your community.

## **BUDGET FORMS**

Complete and submit the enclosed organization financial summary and project budget forms (three pages). All financial information should be reported using the forms provided.

## **IRS DETERMINATION LETTER**

Applicants are required to be a 501 (c)(3) not-for-profit organization as determined by the Internal Revenue Service. A copy of this letter must accompany your proposal.

## **COPY OF NARHA CERTIFICATION(S)**

Applicant organizations must have at least one NARHA-certified instructor on staff and may be a NARHA member center and or premier accredited center. A copy of the instructor's current certification/membership card with a visible expiration date must be provided with the proposal. If the organization has more than one NARHA-certified instructor, copies of each instructor's card may be submitted, but are not required. Only one is currently requested.

If applicable, a copy of the organization's NARHA member or premier accreditation certificate should also be included with the proposal.

## **NOTIFICATION OF AWARD**

Notification will be mailed to the applicant organization the last week of August. If selected as a recipient of an America's Horse Cares grant, claiming instructions and terms of the award will be included.

**MAXIMUM NUMBER OF PAGES ALLOWED: 15**



## GRANT PROPOSAL CHECK-LIST

Questions or inquiries may be directed to the Programs Office at (806) 378-5040 or [jpazdorny@aqha.org](mailto:jpazdorny@aqha.org).

- Cover Sheet**  
You are required to complete and submit the attached cover sheet which requests all pertinent contact information needed for the grant selection process.
  
- Project Request**  
Proposals must include a maximum one-page narrative which describes the project for which you are requesting grant funding, a timeline for implementation of the project and how funding will positively impact your organization.
  
- Program Description**  
Proposals must include a maximum two-page narrative which describes your organization's establishment and year of inception, mission statement, current services provided as well as the program's goals and objectives.
  
- Facilities Description**  
Proposals must include a maximum one-page narrative which describes your organization's facility, including location, shelters – indoor/outdoor, horse care and all related management practices.
  
- Budget Forms**  
Complete and submit the enclosed organization financial summary and project budget forms (three pages). Information should be reported using the forms provided.
  
- IRS Determination Letter**  
Applicants are required to be a 501 (c)(3) not-for-profit organization as determined by the Internal Revenue Service. A copy of this determination letter must accompany your proposal.
  
- Copy of NARHA Instructor Certification Card(s)**  
Applicant organizations must have *at least one* NARHA-certified instructor on staff and may be a NARHA member center and or premier accredited center. A copy of the instructor's current certification/membership card with a visible expiration date must be provided.

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED**

## 2010 AHC COVER SHEET

**Organization Name:** \_\_\_\_\_

**Request Amount:** \_\_\_\_\_

- Equipment  
 Scholarships

**Office Address:**

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Contact(s):**

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

Phone: \_\_\_\_\_

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

**Center Location/Site:**  
(if different address)

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

Phone: \_\_\_\_\_

**Name & Title of Official to be  
Notified if Grant is Awarded:**

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

Phone: \_\_\_\_\_

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

**NARHA Certification:**     Non-Member     Member     Premier Accredited

Number of Certified Instructors \_\_\_\_\_

### **CERTIFICATION BY APPLICANT AND AUTHORIZATION**

We certify the statements recorded in this proposal/application are true and accurate and is submitted with our Board of Directors/Governing Body's full knowledge and endorsement. We understand if any statement presented in this proposal/application is misleading or untrue, the applicant organization may be disqualified.

Organizational Representative: \_\_\_\_\_

Title or Office Held: \_\_\_\_\_

Signature: \_\_\_\_\_

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

# PROJECT BUDGET

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

Implementation Date: \_\_\_\_\_

## SCHOLARSHIPS

| Length of Session   | Request Amount (\$) | Number of Students | Notes |
|---------------------|---------------------|--------------------|-------|
|                     |                     |                    |       |
|                     |                     |                    |       |
|                     |                     |                    |       |
|                     |                     |                    |       |
|                     |                     |                    |       |
| <b>Total Amount</b> |                     |                    |       |

Identify all expense areas which scholarship funding is used to offset the organization's annual budget (ie. salaries, rent, utilities, advertising, fundraising, outreach, services and operations, certifications, etc.):

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## EQUIPMENT

| Item(s) Requested   | Amount of Item (\$) | Notes |
|---------------------|---------------------|-------|
|                     |                     |       |
|                     |                     |       |
|                     |                     |       |
|                     |                     |       |
|                     |                     |       |
|                     |                     |       |
| <b>Total Amount</b> |                     |       |

List "In-kind" equipment received: \_\_\_\_\_

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