

**AMERICAN BORDER COLLIE ASSOCIATION, INC.
GRANT APPLICATION GUIDELINES**

PLEASE TYPE OR PRINT



The American Border Collie Association Inc (ABCA) will consider applications for grant funding from individuals or organizations to assist with projects which benefit or promote the Border Collie as a stockdog and the ABCA as its registry.

The ABCA Grant Program is intended for projects with an educational or research focus. It is not intended to provide funding for the operation or promotion of stockdog trials, or for projects in support of a commercial enterprise.

PROCEDURE:

1. All grant applications should be sent to the ABCA Office Manager who will forward them to members of the Board of Directors for review. Completed applications may be sent by mail, or electronically as a PDF file.
2. Applications must be received by the ABCA office on or before January 15th for winter review and by June 15th for summer review. Applicants will receive notice of receipt by mail or email, and a decision on application will be made within ten weeks of the closing date. The review committee or Board of Directors may request additional information which may delay the decision date.
3. A final report containing an accounting for any monies disbursed, including copies of all receipts, must be received by the ABCA office no later than four weeks following the closing date of the grant period, or the end date of the specific project. Failure to provide a suitable accounting and receipts may result in a revocation of the grant amount and a request that funds be returned.

APPLICATION GUIDELINES:

1. **PROJECT NAME:** PLEASE GIVE THE NAME AND DURATION OF THE PROJECT OR EVENT FOR WHICH FUNDS ARE REQUESTED.

NAME: _____

2. **DATES:** PLEASE PROVIDE THE STARTING AND ENDING DATES OF THE PROJECT

STARTING DATE: _____ ENDING DATE: _____

3. **APPLICANT NAME:** THIS WOULD BE THE NAME OF THE PERSON OR GROUP REQUESTING THE FUNDS, AND TO WHOM THE GRANT AWARD SHOULD BE SENT.

NAME: _____ ABCA MEMBER? ____ Yes ____ No

4. **CONTACT PERSON:** IF THE APPLICANT IS A GROUP, THE NAME OF THE PERSON WHO WILL BE RESPONSIBLE FOR CORRESPONDENCE WITH THE ABCA OFFICE MANAGER, AND WHO WILL PROVIDE THE FINAL GRANT REPORT.

NAME: _____ ABCA MEMBER? ____ Yes ____ No

5. **ADDRESS:** THE ADDRESS OF THE CONTACT PERSON

ADDRESS: _____

- 6. PROJECT DESCRIPTION:** PLEASE PROVIDE A DESCRIPTION OF THE PROJECT INCLUDING THE LOCATION WHERE THE PROJECT ACTIVITIES WILL TAKE PLACE, PERSONNEL, AND SPECIFIC AREAS WHERE PROJECT FUNDS WILL BE APPLIED. PLEASE SPECIFY AT WHAT STAGE IN THE PROJECT FUNDING WILL BE REQUIRED.

- 7. BUDGET:** PROVIDE A DETAILED DESCRIPTION AS TO HOW FUNDS WILL BE USED. PLEASE BE AS SPECIFIC AS POSSIBLE. YOU MAY SUBMIT A SEPARATE BUDGET PAGE IF NECESSARY.

NAME: _____

- 8. BENEFITS:** DESCRIBE HOW THE PROJECT WILL BENEFIT THE WORKING BORDER COLLIE AS A BREED AND WHAT, IF ANY, STEPS WILL BE TAKEN TO PROMOTE THE ABCA AS THE BORDER COLLIE REGISTRY

BENEFITS: _____

- 9. HOW MANY DOGS?:** HOW MANY DOGS WILL BE INVOLVED IN THE PROJECT AND HOW DID YOU ARRIVE AT THAT NUMBER?

NUMBER OF DOGS: _____

- 10. IF YOUR PROJECT IS EDUCATIONAL HOW BIG IS YOUR TARGET GROUP?** HOW DID YOU ARRIVE AT THAT NUMBER?

WHAT PERCENTAGE OF THE TARGET GROUP IS INVOLVED WITH BORDER COLLIES ALREADY, AND WHAT PERCENTAGE IS NOT?

NUMBER OF PEOPLE: _____

- 11. WHAT IS THE EXPECTED RESULT OF THIS PROJECT AND HOW WILL YOU MEASURE YOUR SUCCESS?:**

DESCRIBE WHAT THE EXPECTED OUTCOME OF THE PROJECT IS AND HOW THIS WILL ACHIEVE THE STATED BENEFIT TO THE WORKING BORDER COLLIE AS OUTLINED IN (8). HOW WILL YOU MEASURE YOUR SUCCESS IN ACHIEVING YOUR STATED GOALS?

I understand that any funds received for this project from the American Border Collie Association Inc. (ABCA) are to be used for the stated purpose only. Any unused funds are to be returned to the ABCA. A final project report, including copies of all receipts will be provided to the ABCA Office Manager no later than four weeks after the stated end date of the project.

Sign: _____ Date: _____