

# 501(c)(3) Rescue Grant Application

## Briard Club of America Rescue Trust

Please complete this form and send to:

### BCA Rescue Trust

Constance K. Hardy, Managing Trustee  
5012 E. Orchid Lane  
Paradise Valley, Arizona 85253

Name of Group \_\_\_\_\_

Contact Person \_\_\_\_\_

Group's Address \_\_\_\_\_

Group's Telephone Number \_\_\_\_\_

Group's Website Address \_\_\_\_\_

**Period in question:** \_\_\_\_\_ **through** \_\_\_\_\_

**(Period in question should be the beginning and end of your fiscal year)**

Please complete this entire form, which includes a brief description of the outcome of their rescue: (i.e., number adopted, in foster care, euthanized, etc.)

Number of Briards being fostered at beginning of period:

Number of Briards rescued during the period:

Number of Briards placed during the period:

Number of Briards euthanized during the period:

Please attach a copy of your group's rescue policy/procedures.

Contact's E-mail Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Contact's Telephone \_\_\_\_\_

Please attach a copy of your most recent Financial Statement, showing a breakdown of expenses directly related to the healthcare of the dogs rescued by your organization.

Please provide the name, address, and telephone number of the primary Veterinarian used for rescued dogs.

Veterinarian Group Name \_\_\_\_\_

Address City, St ZIP Telephone  
\_\_\_\_\_

Please answer the following. If additional space is needed, please use an extra sheet of paper. Your answers are important so that we may better determine where rescued dogs are most frequently acquired and their disposition, including euthanasia if appropriate, as well as what the most common expenses are for those who rescue.

Your answers will be valuable in assessing the future needs for grants.

Does your organization euthanize rescued dogs? \_\_\_Yes \_\_\_No If not, why not?  
\_\_\_\_\_

If you have euthanized, state the most common reasons for euthanasia:  
\_\_\_\_\_

Please explain the most common sources for rescued dogs and an approximate percentage for each source:  
\_\_\_\_\_

Does your organization scan for microchips in rescued dogs? \_\_\_Yes \_\_\_No If not, why not?  
\_\_\_\_\_

Does your rescue organization tattoo or microchip rescued dogs? \_\_\_Yes \_\_\_No If not, why not?  
\_\_\_\_\_

Please indicate the most common expenses incurred for a rescued dog and an approximate or average cost for each expense:

In making this application, we understand and agree that any monies received shall be used to rescue Briards and to provide veterinary care for rescued Briards. We also understand and agree that at no time shall any rescue effort be undertaken in the name of the Briard Club of America Rescue Trust or in the name of any supporting club. We understand that applications not received by December 1 of each year will not be considered for grants.

We give permission to the Briard Club of America Rescue Trust to contact any of the references listed on this form in order to ascertain that the Rescue Policy/Procedures attached are adhered to and the information provided is correct and true.

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Date