



## **MARYLAND PURSE PROTECTION AND RETIREMENT PROGRAM GRANT APPLICATION**

Thank you for your interest obtaining a grant from the Maryland Thoroughbred Horsemen's Association's Maryland Purse Protection and Retirement Program. If your organization works to uphold our program's mission of supporting thoroughbred aftercare programs for thoroughbreds that have trained and run at Maryland tracks that no longer have a productive life as a racehorse then we encourage you to apply.

- 1) This grant application and all required supporting documents (found on page two) are required to be submitted for consideration.
- 2) All applications should be typed and mailed (or emailed) to the address specified on page two. Illegible applications will be disqualified. Faxed applications will not be accepted.
- 3) Grant applications should be concise but complete. Please do not use folders, binders or other bulky packaging. Do not submit videos, CD's or DVD's.
- 4) Joint applications will not be accepted.
- 5) MTHA does not provide "seed money", fund proof of concept requests or fund first year organizations.
- 6) There are several supporting documents that must be enclosed with this grant application. Please consult the list found on page two to ensure you have included all required documentation.
- 7) Please sign below to indicate that you have read and understand the above stated information. This page must accompany your completed grant application.

Signature of Grant Writer: \_\_\_\_\_

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

## **BELOW IS A LIST OF ITEMS THAT MUST BE SUBMITTED WITH ALL GRANT APPLICATIONS.**

### GRANT APPLICATIONS MUST INCLUDE:

- 1) Fully completed grant application.
- 2) Copy of your organization's IRS Exemption Letter attesting to your organization's 501(c)3 status, if applicable.
- 3) Copy of your organization's latest IRS Form 990 tax return. If your organization does not submit a 990, please provide a current balance sheet and profit and loss statement.
- 4) If your organization utilizes the 990 EZ form you must also submit the enclosed Statement of Functional Expenses. If your organization utilizes the long form 990 you do not need to submit a Statement of Functional Expenses.
- 5) Resume for your Executive Director, President or head of the organization.
- 6) Copy of your liability insurance coverage and directors and officers liability coverage. If your organization does not carry insurance please include a statement from your board explaining the reason for the absence of coverage.
- 7) Copy of your volunteer agreement and guidelines. If you do not have an existing agreement or guidelines please include a brief narrative about the expectations you have for your volunteers and the duties they are expected to perform.
- 8) Page one of this application signed by the grant writer.
- 9) Complete record of adoptions for Thoroughbreds adopted out for the past year (form provided).
- 10) Corresponding adoption contracts for each Thoroughbred adopted out during this time (adoption contracts are required for each horse on the adoption record).

Please mail to:  
Maryland Thoroughbred Horsemen's Association  
500 Redland Court - Suite 105  
Owings Mills, MD 21117

Or Email to: [info@mdhorsemen.com](mailto:info@mdhorsemen.com)

If you have any questions, please e-mail [david@mdhorsemen.com](mailto:david@mdhorsemen.com) or call (410) 902-6842.

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

Year Established: \_\_\_\_\_

Name of Organization's Principal: \_\_\_\_\_

(Please include a current resume.)

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Farm/Facility name: \_\_\_\_\_

Street Address (if different from mailing address): \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Please categorize your organization (select only one):

Equine Aftercare    Backstretch/Education    Therapeutic Riding

**Please provide a response to each question below:**

1) What is your Mission Statement?





- 11) How many horses is your organization currently paying upkeep for?
- 12) How many locations does your organization utilize?
- 13) List the farm name, address, number of acres and number of total horses at each location.  
(Foster facilities should be included.)
- 14) Please describe the arrangements for the land and facility utilized by the organization. For each location describe whether the property is owned, leased or if a boarding agreement is in effect.
- 15) Based on total available space, how many total horses could the organization care for?
- 16) How many horses in the care of the organization are tattooed or registered Thoroughbreds?
- 17) How many horses are non-tattooed or non-registered Thoroughbreds? Other breeds?
- 18) How many total horses (all breeds) did you adopt out in the last year?
- 19) How many horses adopted out were tattooed or registered Thoroughbreds?
- 20) How many registered or tattooed Thoroughbreds that were adopted out last year were also returned last year?
- 21) How many horses were euthanized in the past year?



