



AMERICAN CAVALIER KING CHARLES SPANIEL CLUB
CHARITABLE TRUST, INC.
327 Old Niskayuna Road
Latham, NY 12110

GRANT PROPOSAL

*Please type or print clearly
Name of Organization or Individual*

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____

Primary Contact Title: _____ Phone No: _____

Email: _____ Fax No: _____

Description of/or Mission of Organization/Agency/Entity (Attachment O.K.): _____

Is Organization tax exempt under IRS 501(c)(3) guidelines? Yes No

Short description of research project (Attachment OK): _____

What specific Cavalier King Charles Spaniel health related need will the project address? _____

Has a project of this category/nature been undertaken before? No Yes, (please explain)

Briefly, what are the project objectives and expected outcomes? _____

Where will the project be carried out? _____

State measurement or criteria used for success: _____

Expected duration of project _____

Total project cost U.S.\$ _____ Amount requested of CHF U.S. \$ _____

Other funding committed to date (Grantors and U.S. \$ amounts): _____

Signature Contact Person _____ Date(mm/dd/yy) ____/____/____

Print Name of Contact Person with Title: _____

Telephone Number of Contact Person: _____

Best time to call if needed: _____