



The Foundation for the Advancement and Support of the Tennessee Walking Show Horse, Inc., (FAST) will award grants based upon the availability of funds and the ability of the grantee to substantively present a funding application which meets the mission and criterion of the foundation. It is the responsibility of the foundation to review grant applications which are clearly articulated, are presented with defined funding goals and objectives and contain transparent accountability measures so that the foundation can assure that the funds are being used for the expressed purpose and intent. The foundation reserves the right to request as part of its funding periodic reporting requirements on the status of the project that was funded or partially funded. If at any time the foundation feels that funding is being misallocated or misused it may withhold pending payments or request the return of funds already issued.

ALL APPLICANTS

Complete all pages of the Application. The application **MUST** be typed. If extra room is needed to answer a question use additional pieces of paper. Please make sure all information is legible and correct. Please be sure the following materials accompany your application. ***Incomplete applications will be ineligible for consideration.***

Eligibility Requirements:

- Family members of a board member may not apply for funding; otherwise applications will be reviewed without prejudice.

PLEASE NOTE:

- Incomplete applications and applications that arrive after the deadline will not be reviewed.
- Award letters will be sent to your permanent mailing address.

Send Completed Application to: **Foundation for the Advancement and Support of the Tennessee Walking Show Horse, Inc.**
P. O. Box 259
Shelbyville, TN 37162



Foundation for the Advancement and Support of the Tennessee Walking Show Horse

P. O. Box 259
Shelbyville, Tennessee 37162
E-mail: info@FASTWalkingShowHorse.org

GRANT or FUNDING APPLICATION

ORGANIZATION INFORMATION

Name of organization: _____

Name of Contact Person/Title with Organization (if any): _____

Name of person who has the legal right to enter into a contract with FAST if different from above. _____

Mailing address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail address: _____

Federal Tax ID#: _____ Year organization founded: _____ Total annual budget: _____

Non-Profit? _____ Type? _____

Organization's Website (if any): _____

Is the Project/Event Coordinator different from the person above? No ___ Yes ___ If Yes Please complete below:

Coordinator of Event/Project: _____ Title of Coordinator: _____

Coordinator Address: _____

Coordinator Phone: _____ Fax: _____ E-Mail: _____

PROJECT INFORMATION

Amount **REQUESTED** _____ What is the **ENTIRE BUDGET** for this project?
\$ _____

What is the time frame of the proposed project or event? **Start Date:** _____ **End Date:** _____

PROJECT DESCRIPTION

Please answer all questions as outlined below. Keep answers brief but to the point. Additional paper may be used if necessary.

1. What is the proposed project? What is the nature of the project? Who will be served by the project—include estimated number of participants? What geographic area/s will be served by the project? How does this project follow the goals and mission statement of the Foundation for the Advancement and Support of the Tennessee Walking Show Horse?
2. What is the goal of the project? Please give a detailed account of the purpose of the intended project. How do you plan to implement the project?
3. Is this an annual event or an on going program? If so how long do you anticipate the need for outside funding before the program or event becomes self sustaining? How does you organization plan to support the project in the future?
4. Describe the impact of the project on the Tennessee Walking Show Horse and/or the Tennessee Walking Show Horse Industry. How do you plan to evaluate the project/event? Please include an anticipated outcome and the measures you will use to evaluate the outcome. Periodic written reports must be submitted to FAST on the status of this project. At the end of the program or event a written summary of events must be supplied to FAST for review and consideration.

5. Are you working with other Tennessee Walking Horse Organization/s in collaboration to obtain your goal or need? If you are not, explain why. If you are, explain each organization's role within this project and what financial support is already in place or requested.

6. Is this project/event duplicated by any other Tennessee Walking Show Horse Organization? How will this event benefit the show horse or promotion of the show horse differently from the project/event of other organizations?

7. Attach the projected budget for this project. What is the total project budget expense? Who has already committed or allocated funds for this project? Who is considering a request for funding for this project? Please list by organization and date other funding either committed or requested. Please describe how a lesser amount, if granted, could be helpful.

8. Does this project support *all disciplines* of the Tennessee Walking Show Horse? If not, why not?

8. I, _____, representing _____, understand that the funds approved can only be used for the purposes outlined in this grant request and on review of the project and use of the funds, acknowledge the rights and authority of FAST to withhold and/or recover grant funds in case funds are, or appear to be, misused.



FAST
Funding Internal Evaluation

APPROVED

NOT APPROVED

The Committee Members evaluating this proposed grant are:

The Committee Members approving or not approving this requested grant or funding request are:.

If this Grant was **not approved** give the reasons why the Committee Members felt that this request did not support the non-profit mission of FAST.

If this Grant was **approved** give the reasons why the Committee Members felt that this request did support the non-profit mission of FAST.

How does this project meet the criteria set forth in the FAST Mission Statement? Does it support all disciplines of the Tennessee Walking Show Horse?

What Fund does this Grant support and what Funds or donations will be used to support this Grant?
Fund?

Amount of Donation _____

Fund/Donation which will be used to support this grant _____.

After receiving and approving a request for a Grant or funding attach this form to the front of the application to ensure follow up and oversight of the Grant and funding by the assigned Committee or Board member. This is to ensure that the Grant is being used as the Grant was requested and approved

FOR FAST OFFICE USE ONLY
COMMITTEE

DONATION APPROVED \$ _____ FUND _____ ATTACH COMMITTEE MINUTES

DONATION DENIED _____

REASON (IF ANY) _____ Check # _____

FAST, Inc.
Funding Internal Evaluation

Grant Amount \$ _____ Fund/Donation used _____

Check One

One Payment _____

Payments? _____ Amount? _____ Next Payment Due _____

Terms?

Date Issued _____

Organization/Individual Receiving the Grant _____

Purpose of the Grant _____

Describe in detail how this grant supports FAST mission and tax exempt purposes.

Person/s or person responsible for follow up of the Grant _____

Follow Up Time:

Describe what follow up is deemed necessary by the committee and describe how and by whom the follow up will be done. Attach the resulting follow up findings to this application.

Quarterly _____

Six Months _____

One Year: _____

Other: _____

Is this a One Year or One Time Grant? _____

If a multiple year Grant or multiple payout please describe the amount and the terms or times that a fund payout will be made. Please describe the oversight or expected and compliance necessary for the payout of follow up Grants.