

# One Horse at a Time, Inc. Grant Application

One Horse at a Time, Inc. ("OHAAT") is a 501 (c) 3 organization that raises funds and seeks donations to help horses in need. We accept applications from individuals as well as rescues. OHAAT does not have a grant season. As long as we have the funds to approve grants we accept applications.

We provide assistance largely in the following three areas:

Castration (gelding)  
Emergency Feed  
Emergency Medical

## **Instructions for grant submission:**

You must be at least 18 years old to apply. Please answer each question thoroughly. If the application is filled in by hand please use blue or black ink and print legibly. Be sure to submit the application with original signature and initials. Please include a photograph(s) of the horse(s) for which assistance is sought. The term horse on this application refers to any equine.

As part of the application please include a narrative with the following information:

- description of the horse including age, gender and known physical issues/ailments
- how long you've had the horse, and what your future plans are for the horse
- Why help is necessary
- If OHAAT does not grant the entire amount requested, where the additional funds will come from
- If an award is granted, how future needs/emergencies will be met

For individuals, in addition to the above, please also include the following in your narrative:

- Brief description of your experience with horses
- How many horses have you owned previously and what is their current status i.e. sold, deceased, euthanized, leased, etc.

**Please be sure to contact your references prior to submission of this application to get their permission to use them and also to give your permission to release information to us.**

**Our normal turn around time is one week, but a lot of that depends on the number of applications we have in process and how responsive you and your references are to our inquiries. Also please be aware that incomplete applications will not be processed so please be sure to read and follow these directions.**

**Once you have completed your application, return it to us in one of the following ways:**

- Scanned via email (preferred) to [info@onehorseatotime.org](mailto:info@onehorseatotime.org)
- Faxed 859-885-1187
- Snail Mail: One Horse at a Time, Inc.  
1030 East Hickman Road  
Nicholasville, KY 40356

**If you are a rescue organization, OHAAT would appreciate a "Thank You" on your website or Facebook page with a link to our website: [www.onehorseatotime.org](http://www.onehorseatotime.org)**

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## Applicant Information

Name:		Are you at least 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Organization		Name of individual completing this form	
If you are representing a rescue organization, are you an officer and if so, what is your designation?		<input type="checkbox"/> Yes <input type="checkbox"/> No Title	
If organization are you a 501 (c)3? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Grant : <input type="checkbox"/> Gelding <input type="checkbox"/> Emergency Feed <input type="checkbox"/> Emergency Medical			
Current address:			
City& St:		ZIP:	Phone:
Email Address:		Website:	
Amount Requested (please attach applicable documents) :			
Number of horses/ equines you are financially responsible for?			
Number of animals you are financially responsible for?			
Where is the horse kept? <input type="checkbox"/> your property <input type="checkbox"/> full board <input type="checkbox"/> self care board <input type="checkbox"/> other (please explain)			
If horse(s) reside on your property how many acres of turn out do you have?			
What type of shelter do you provide?			
Name(s) of specific horse(s) this request will support:			
How will funds be utilized? (please be specific and attach an additional sheet if more room is needed)			

## References

Veterinarian:		
Address:		
City:	State:	ZIP Code:
Phone:		Email:
Farrier:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	

## One Horse at a Time, Inc. Grant Application (cont.)

Feed Store:

Address:

City:

State:

ZIP Code:

Phone:

Email:

If horse(s) are boarded please provide farm information below:

Farm:

Owner/Operator:

Address:

City:

State:

ZIP Code:

Phone:

Email:

### Further Terms

Please initial after each, indicating you have read and agree to these terms:

Submission of this application does not guarantee a payment of funds. A representative of One Horse At A Time, Inc. will contact you when a decision has been made. Payments of funds to support horses are generally made directly to the feed store or vet. X\_\_\_\_\_

One Horse At A Time, Inc. reserves the right to rescind a pending grant if we find application information has been misrepresented, or actions not in the best interest of the equine are observed. X\_\_\_\_\_

One Horse At A Time, Inc. requests updates on horses we support. Where reasonable, a representative will also visit the horse(s) being supported. X\_\_\_\_\_

One Horse At A Time, Inc. requests that receipt of our grant be acknowledged on your website and social media pages, if at all possible. X\_\_\_\_\_

One Horse At A Time, Inc. retains the right to use pictures and information regarding the assisted equine on our forum, website, OHAAT newsletter, in press releases, future OHAAT brochures or promotional items. X\_\_\_\_\_

### Signature

Original Signature is necessary

Date

### For OHAAT Office Use Only:

Amount awarded:

Date Awarded:

Payee:

Date paid:

Method of payment: