

# TENNESSEE WALKING HORSE FOUNDATION

P. O. Box 11263  
Murfreesboro, TN 37129  
Dee Dee Sale 931-580-6647

## FUNDING APPLICATION

### ORGANIZATION INFORMATION

Name of organization: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Year organization founded: \_\_\_\_\_ Total annual budget: \_\_\_\_\_

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

What is the ENTIRE BUDGET for this project? \$ \_\_\_\_\_

What is the time frame of the proposed project or event? Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

FOR OFFICE USE ONLY COMMITTEE: Check # \_\_\_\_\_ DONATION APPROVED \$ \_\_\_\_\_  
FUND \_\_\_\_\_ DONATION DENIED \_\_\_\_\_ REASON (IF ANY) \_\_\_\_\_

## PROJECT DESCRIPTION

*Please answer all questions as outlined below. Keep answers brief but to the point.*

- 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?
  
- 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 Horse and/or the Tennessee Walking 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.
  
- 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 Horse Organization? How will this event benefit the horse or promotion of the 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 committed or requested. Please describe how a lesser amount, if granted, could be helpful.

Internal evaluation: How does this project meet the criteria set forth in the TWHF Mission Statement?