

HORSE POWER

Requirements (page 1)
Regulations Agreement (page 2)
Request for Funding Application (page 3)

Send Completed Applications to:

HORSE POWER
3235 Eastlake Blvd #26
Washoe Valley, NV 89704

Requirements for Applicants:

- (I): Agree to Background Check
- (II): IRS 501(c)3 Letter of Determination
- (III): Proof of Existing Rescue - Minimum of 2 Years
of Valid Operations
- (IV): Copy of Previous Year's Income Tax Return
- (V): Previous Year's Approved Budget
And Current Year's Budget
- (VI): Letters of Recommendation
Minimum of Three (3)

**HORSE POWER
REGULATIONS AGREEMENT**

Please read and sign. By doing so, you agree to abide
by all HORSE POWER regulations.

**** To be accepted for consideration this page****
****MUST be signed and included with application****

1. As with most charitable foundations, HORSE POWER funds on an annual basis.
2. Funding occurs within the last three (3) months of each year (exceptions can be made for emergency circumstances).
3. ALL requirements must be met.
4. Business is conducted through mail, e-mail, and business phone only.
5. All equipment placed with equine rescues remains the property of HORSE POWER. It cannot be sold or used for boarding/rental purposes and MUST be returned to HORSE POWER if a rescue ceases operations or relocates to a new facility.
6. A minimum of thirty (30) days notice is required when requesting HORSE POWER property be removed from a rescue.
7. HORSE POWER will have property dismantled and removed from the rescue as soon as arrangements can be made.
8. HORSE POWER will NOT be liable for any injuries or accidents occurring to animals or humans surrounding the property.
9. The number of equines at a rescue, when the application is received, shall be the maximum allowed for future consideration of funding.
10. Compliance Checks - These may be a random drive by viewings or by appointment for a walk-through of the property.
11. Services provided are as follows:
 - a. Feed
 - b. Hoof Care
 - c. Some Medical
12. HORSE POWER does not offer funding for long-term medical services.

Signature: _____

Printed Name: _____ Date: _____

Horse Power
Application Request for Funding

Name of Organization: _____ Date: _____
Address: _____ City: _____ Zip Code: _____
Contact Person: _____ Home/Office Phone: _____
Cell: _____
Website: _____ Email: _____

Board Members names, occupations and addresses (use additional sheet if needed):

Mission Statement: _____

Year of Inception: _____ Tax Status: _____ EIN # _____

Founders: _____

Average Yearly Cost of Operations: _____

Other funding sources: _____ Amounts: _____

Number of paid employees: _____ Volunteers: _____

Names and monthly/yearly pay: _____

Total of Horses and Burros, Mules: _____

Number of BLM Horses or Burros : _____

Number of State of Nevada Horses : _____

Number of Owner surrendered or rescued equines: _____

Please include the following:

~Letter of Recommendation from veterinarian with phone number and address

~List major accomplishments – attach photos if available

~Include pictures and diagram of your facility ~

~Include letters (at least three) of recommendations from recipients, adopters or business associates

What is the money to be utilized for? Be specific: _____

I agree to abide by the terms of this application. The undersigned certifies that to the best of their knowledge all information provides to HORSE POWER is true and correct.

Signature: _____ Date: _____