



Date: _____ Organization Name: _____

Applicant/Point of Contact: _____

POC email: _____

POC phone: _____

Does the Applicant/POC have the authority to act of behalf of your organization?

Has your group applied to be a partner with Greater Good Charities/Kitsap Humane Society in the past? Yes No

Organization Type (check as many as apply):

- Food Bank Shelter Rescue – Cat/Dog Rescue – Non-Cat/Dog
 Feral/Community Cat Support Group Sanctuary Pet Food Bank

Is your organization a nonprofit? Yes No

If not a nonprofit, is your organization a government agency? Yes No

If yes, check all that apply:

- Federal government entity (e.g., VA, FEMA)
 State, county, or regional animal welfare facility
 Law enforcement agency

Does your organization have a contract with Animal Control Services? Yes No

For Nonprofit Groups:

If your organization is a nonprofit, what is your website address?

Do you do business under any other names? Yes No

If so, what are they? _____

Do you receive any government grants? Yes No

Please attach your IRS Determination Letter.

Please attach your Form 990.

Spay/Neuter Policy

- Does your organization spay/neuter all animals prior to adoption? Yes No
 - **If no**, does your organization follow up with adopters to ensure the animals are spayed/neutered when ready? Yes No
- Do you have a TNR program? Yes No

Has your organization or its officers been subject to law enforcement activity for animal-related offenses? Yes No

Food Use and Storage

Does your organization have safe, dry storage conditions for food? Yes No

What is the maximum food storage capacity? _____

Does your organization have the ability to help KHS offset its costs for this program?

Yes No *Note: This is for planning purposes only. Answering "no" is not disqualifying.*

Briefly explain how a partnership with Greater Good Charities/Kitsap Humane Society would help fulfill your organization's mission (not to exceed 250 words).