

#### **OFFICERS**

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Madeline Auerbach

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### <u>Staff</u>

Lucinda Mandella Executive Director Patsy Severinsen Project Manager

285 W. Huntington Dr. Arcadia, CA 91007 (626) 574-6622 A 501c3 Corporation Dear Applicant:

Thank you for your interest in applying for a grant from the California Retirement Management Account (CARMA). We are dedicated to preserving and protecting the quality of life for our horses when their racing careers have ended.

Through a voluntary purse deduction, generous individual donations, and fundraising, we will be able to assist farms and facilities with their basic needs and help fund programs and projects that place horses in second careers and homes. CARMA provides support for items such as, but not limited to, hay and feed, health and veterinary costs, and general farm upkeep. We also fund capital improvement projects, and education and awareness initiatives on a case by case basis. While we wish every need could be addressed, we are realistic about what it takes to provide a quality retirement environment for our former stars, and therefore have earmarked these funds for horses that have raced at participating track facilities in California.

The application includes a questionnaire and additional financial reporting documents, as well as a signature page that must be included with your completed application. Please review the requirement list <u>carefully</u> to make sure all requested materials are included in your application. Incomplete applications will be disqualified.

The grant application will help us determine the best way to address your needs - please be as thorough as possible. CARMA will also be scheduling site visits during the application process. This will give us a chance to meet you, your volunteers and staff and visit your facilities first hand. The original application and all supporting materials should be submitted to CARMA no later than **September 10, 2015** and should be mailed to the address below. Please retain a copy of the application for your records.

The CARMA board looks forward to working with you to preserve the quality of life of our retired Thoroughbreds. Please feel free to contact me if you have any questions.

Sincerely,

Sonda Modella

Lucinda Mandella Executive Director

June 21, 2015



### The deadline for this application is September 10, 2015.

Late applications will **not** be accepted.

Instructions for completing this application:

- I. All questions in the application must be answered.
- II. Incomplete applications, and/or applications that do not include the necessary supporting documents, will not be considered for granting.
- III. Upon receipt and review of the application, a site visit may be scheduled to confirm that the facilities and protocols are consistent with the information included in the application.

Your application must include the following:

- 1. Narrative include purpose of grant/grant request and a needs assessment.
- 2. Organization's goals and objectives and your mission and vision statements.
- 3. Property Descriptions: Please include a detailed description of the property(ies) dedicated to your mission/purpose (including photos).



- 4. Average <u>annual</u> and <u>monthly</u> occupancy at each facility
- 5. Description of herd health and list of any major veterinary issues, etc.
- 6. A copy of any lease and/or boarding agreements pertaining to the properties where your organization has horses.
- A list of current horses in your care and race-records for <u>each</u> Thoroughbred.
   \*\*\*Please note that qualifying horses must show <u>at least one</u> start at a participating CARMA racetrack/association (Santa Anita Park, Del Mar Thoroughbred Club, Hollywood Park, Bay Meadows, Golden Gate Fields, California Racing Fairs (CARF), and Los Alamitos Thoroughbred Meets in 2014 & 2015).
- 8. Description of any re-training or adoption programs currently in place. Please provide a copy of your current adoption agreement.
- 9. Details on all adoptions/placements occurring during the year, a list of the horses you've adopted and fully executed adoption agreements for each horse.
- 10. Details on all herd changes at your facility, including the passing/euthanasia of any horses.
- 11. Provide a copy of your written euthanasia policy.
- 12. Copy of your organization's IRS Exemption Letter attesting to your 501c3 status.



- 13. List of all fundraising activities performed throughout the year, including any major grants and/or contributors, fundraising events, and other current funding sources and uses.
- 14. Description of marketing and promotional programs your organization uses, including links to your website and social media. Provide samples of any printed promotional materials or links to sample e-communications.
- 15. General Operating Budget please include budget/financials for both the current operating year and the application year (*if different*).
- 16. Copy of most recent IRS Form 990 tax return. If your organization does not submit a 990 please provide detailed current year profit/loss and balance sheet statements.
- 17. Completed Statement of Functional Expense (attached).
- 18. Listing of the organizations Board of Directors, Officers and Executive Staff.
- 19. Resume of President and Executive Director.
- 20. Copy of your volunteer agreements/guidelines.
- 21. Copy of liability insurance coverage, directors and officers liability coverage and any other applicable insurance.



Please provide answers to the following questions:

- 1) What is your organization's mission statement:
- 2) What is your proposed use of the grant you are applying for?
- 3) Did you receive a CARMA Grant in 2014? If yes, how were those funds used?

4) Describe your organization's public education efforts.



5) Please list/describe any publicity your organization has earned within the last year. You may include links to online articles or provide copies of printed articles.

6) Do any accrediting bodies accredit your organization? If yes, please provide details.

\*\* The CARMA Board reserves the right to request additional information during the review process.



- This grant application and all supporting documents must be postmarked by **September 10**, **2015**.
- All applications should be typed and mailed to the address listed below. Illegible applications will be disqualified and faxed or emailed applications **will not** be accepted.
- Please submit concise and complete applications. Please **do not** use three-ring binders or other large packaging, or include videos/DVD's.
- Applications will be reviewed and considered by the CARMA Grant Committee and Board of Directors. Applicant will be promptly notified of its status following the review process.
- Please ensure you have all the necessary supporting documents and materials needed for this application.
- Please sign your name below indicating you have read the above stated information. This page must accompany your completed grant application.

Signature of Grant Writer: \_\_\_\_\_

\_ Date: \_\_\_\_\_

CARMA – 285 W. HUNTINGTON DR., ARCADIA, CA 91007 <u>www.carma4horses.org</u> 626-574-6622



Organization's Corporate	
Name:	
Mailing Address:	
Physical Address (if	
different):	
City:	
County:	
State:	
Zip:	
Telephone:	
-	
<b>F</b> our	
Fax:	
Website:	
Email:	

Form 990 (2011)

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#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, BS, 9b, and 106 Part VII.       Colored Part VII.       Tel appendix       Provide methods       Prov	Check if Schedule O contains a response to any question in this Part IX								
arginizations in the United States. See Part IV, Ine 21         2       Grints and other assistance to individuals in the United States. See Part IV, Ine 22, in the United States. See Part IV, Ine 22, in the United States. See Part IV, Ines 15 and 16         3       Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, Ines 15 and 16         4       Benefits paid to or for members         5       Compensation of current officers, directors, trustees, addres and wages         6       Componention on included above, to disqualified persons described in section 4958(IV)(19) and persons described in section 4958(IV)(19) and persons described in section 4958(IV)(19) and the section 4958(IV)(19) and persons described in section 4958(IV)(19) and 190 persons described in section 4958(IV) and 190 persons described in the 490 persons described in the 495 persons and 190 persons described in the 490 persons described in the 490 persons des			(A) Total expenses	Program service	Management and	Fundraising			
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8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         9       Other employee benefits	6	persons (as defined under section 4958(f)(1)) and							
10       Payroll taxes		Pension plan accruals and contributions (include							
11       Fees for services (non-employees):         a       Management         b       Legal         c       Accounting         d       Lobbying         d       Lobbying         e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other         g       Other         11       Advertising and promotion         12       Advertising and promotion         13       Office expenses         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to travel or entertainment expenses for any federal, state, or local public officials         10       Insurace         20       Interest         21       Payments to affliates         22       Depreciation, depletion, and amortization         23       Insurace         24       Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)      <	9								
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Form 990 (2011)