

## **Instructions**

The AMHECT Proposal Form can be downloaded from the AMHA website to your personal computer by clicking on the appropriate form and saving it to your desired location. **This is not an online application process.** The forms are writable MS Word documents. When done, email or print and mail directly to AMHECT c/o AMHA, Executive Director, 122 Bostwick Rd, Shelburne VT 05482.

## **What are the different types of requests?**

*Project* - An organized drive to collect and accumulate funds to finance a specific project or program.

*General Operating Support* – Your request is not for a specific project but to support all your activities for the fiscal year. These are sometimes known as unrestricted grants.

## **Before Submitting Your Proposal**

### **Make Sure that you . . .**

- ✓ Include a cover letter with your completed proposal, introducing you or your organization and stating the dollar request.
- ✓ Send the requested # of copies.
- ✓ Do not send additional information not requested.
- ✓ Include the appropriate attachments; be sure to check with the AMHECT application guidelines. The following is a list of frequently requested attachment:
  - Current Financial Reports (Projected Income and Expenses)
  - Multi-year budget for multi-year programs (if applicable)
  - Organizational strategic plan (if applicable)
  - Letters of support (at least two)
  - Resumes of key project personnel

Funding requests should be submitted one month before AMHECT Trustee meetings (held Feb, May, August & November)

## **Review and approval of requests**

AMHECT Trustees will review and evaluate the merits of each request and determine if funding should be approved. The AMHA Executive Director will notify applicants of the outcome of the review.

If approved for funding, the requestor must provide bi-annual project reports to the trustees regarding the progress of the project and the expenses to-date.

American Morgan Horse Educational/Charitable Trust  
Grant/Funding Application Form

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

Requestor Name: \_\_\_\_\_

Contact Information:

Mail address: \_\_\_\_\_

Email

: \_\_\_\_\_ Phone \_\_\_\_\_

Description of Program/Project: \_\_\_\_\_

Brief outline of the program or project activities and specific goals:

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Timeline for completion:

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Benefits/Value Added : \_\_\_\_\_

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Describe why you feel this project/program should be funded by AMHECT:

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Estimated Costs/Funding Amount requested: \_\_\_\_\_

Other sources of funding: \_\_\_\_\_

Signature of requestor: \_\_\_\_\_

OFFICIAL USE

ONLY\*\*\*\*\*

Date request reviewed by Trustees : \_\_\_\_\_

Funding Approved? \_\_\_\_\_

Additional Questions/Information requested:

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