AMERICAN QUARTER HORSE FOUNDATION
EAAT GRANT PROGRAM

Program Contact:
Manager of Programs
(806) 378-5034
lowens@aqha.org

2013 GENERAL GRANT FUNDING AVAILABLE

The American Quarter Horse Foundation encourages the submission of grant applications by organizations offering equine-assisted activities and therapy (EAAT) serving those with emotional, physical and cognitive limitations. **Deadline for applications is March 1, 2013**. (Applications may be postmarked.)

Based on the number of qualified applicants and the current budget available, we ask that all grant requests be limited to $10,000 or less. Funding decisions will be limited to support the two funding categories identified below (Individualized Employee/Volunteer Training and Center Immersion Training). Proposals for funding outside the scope of these two areas will not be funded. Requests must be made by the facility and are subject to the organizational requirements listed under the applicant criteria section. Upon conclusion of coursework, organizations must provide proof of attendance and or course completion. Failure to provide such documentation will result in probationary action.

INDIVIDUALIZED EMPLOYEE/VOLUNTEER TRAINING

The following educational clinics and or workshops are recommended for potential funding through the America's Horse Cares (AHC) grant program. Facilities utilizing horses to support 1) equine-assisted activities and therapy; 2) equine-assisted psychotherapy; and or 3) equine-assisted learning, should apply for educational funding on behalf of facility instructors, therapists, staff and or volunteers.

American Hippotherapy Association (AHA)

Approved Curriculum

1. Level I Courses – Equine Skills and or Treatment Principles
2. Level II Courses – Equine Skills and or Treatment Principles
3. The Horse Connection: Long Lining – Maximizing Your Horse's Potential
4. The Core Connection: The Link between Hippotherapy and Core Control
5. The Business Connection: Business Aspects of Hippotherapy – How to set up a Practice Incorporating Hippotherapy
6. The Communication Connection: Maximizing Communication for the Non-SLP (Speech Language Pathologist)
7. The Sensory Connection: Sensory Concepts, Theory and Applications in Hippotherapy
8. Muscles in Motion
9. Pilot Courses as approved and scheduled by AHA

Certified Horsemanship Association (CHA)
Clinics & Certification

1. Instructor of Riders with Disabilities Clinic (levels 1-3)
2. IRD Assistant Clinic Instructor – Workshop
3. IRD Clinic Instructor – Workshop
4. Equine Facility Manager Clinic (levels 1-4)
5. International Conference
6. Regional Conferences

Equine Assisted Growth and Learning Association Inc. (EAGALA)
Workshops & Certification

1. Model Practice Part 1 – Training Objectives and Agenda
2. Model Practice Part 2 – Training Objectives and Agenda
3. Model Practice Advanced – Training Objectives and Agenda
4. EAGALA Approved Workshops
5. Annual Conference and Meeting

Professional Association of Therapeutic Horsemanship International (PATH Intl)
Workshops & Certification

1. On-Site Instructor Workshop
2. Mentor Training Workshop
3. Equine Specialist Workshop
4. Approved Training Courses (ATC)
5. On-Site Certification – horsemanship skills and teaching ability
6. Equine-facilitated mental health approved coursework
7. Annual Conference and Meeting
8. Regional Conferences

CENTER IMMERSION TRAINING
Funding is utilized to assist centers wishing to bring in an expert instructor or trainer in a specific field (as identified above) to provide immersion training for the center's staff. A recognized model of practice should be identified for the center in an effort to improve overall services and or working relationships between the center's staff. Components necessary for training include:

- Minimum of 10 center employees must participate in the training;
- 100% effort for employee participation is required;
- Trainer must be a member in good standing of an organization identified above;
- Clinician or trainer must be well versed in theory and training methods of the respective organization and adhere to their practice guidelines;
- Trainer must have presented previously at a regional and or national conference for the respective organization;
- Trainer must provide center with resume and detailed syllabus identifying all learning objectives and outcome with measures for success;
- Center must submit copy of resume and syllabus along with grant application.

APPLICANT CRITERIA

1. Applicant organization must be a facility which utilizes horses to provide equine-assisted activities and therapy for special-needs individuals;
2. Organization must be in existence for three years or more, and be tax exempt under 501(c)(3) of the Internal Revenue Code;
3. Organization should be a member of one or more of the identified associations;
4. Funding awarded must be applied directly to the approved educational expense;
5. In order to fund the largest number of facilities possible, organizations which have had an approved and funded application within the preceding 24 months are not eligible for current year consideration.

Upon submission of applicant's proposal, all materials received will become the property of the American Quarter Horse Foundation and may be used as deemed appropriate. Submitted materials may be reviewed by outside individuals and or organizations as part of the assessment process.

The American Quarter Horse Foundation Board of Trustees has the responsibility for final approval of each grant. Since the Foundation receives funding requests far in excess of funds available, only a small portion of the requests may be approved, in whole or in part. A decision not to fund a proposal does not necessarily reflect the organization's merits and or value of the proposal, but rather results from limited resources available for review. Applicants may choose to update their proposal and submit the grant request again the following year.

APPLICATION INSTRUCTIONS

Proposals that do not conform to these written instructions will not be considered for funding. All organizations must use this application form and adhere to the format described below. With exception to the cover sheet and budget forms, applications must use a minimum/maximum 12-point font with one-inch margins. All pages of the application, beginning with the cover sheet, should be clearly numbered. **Applications should be no more than 15 pages in length.**

Applications should be completed in full and must be printed or typed neatly in black or blue ink. Do not staple application and proposal materials; please use paper or binder clips to secure items. Do not place proposals in binders, folders or protective sheet covers.

Faxed proposals will not be accepted. All completed applications must be submitted by mail to: American Quarter Horse Foundation, EAAT Grant Program, 2601 East Interstate 40, Amarillo TX 79104. Questions or inquiries may be directed to the Programs Office at (806) 378-5040 or jpazderny@aqha.org.

CHECK-LIST

A check-list has been included for your convenience. Once you have compiled the items necessary for application, submit items in check-list order.

COVER SHEET

Complete the enclosed cover sheet which requests all pertinent contact information needed for the grant selection and notification process. A signed copy of the cover sheet must be received by the deadline indicated.

PROGRAM DESCRIPTION

Complete a “Program Description” narrative using the specific items or topics referenced below. Limit the narrative to two (2) pages.

Narrative should describe the organization’s establishment with year of inception, mission statement, accomplishments, current services provided as well as the program’s goals and objectives, plus the number of clients served annually.

Summarize the skills and relevant experience of key staff and or volunteers essential to your organization’s and project’s success. If your organization is collaborating with other organizations, note which ones and in what way.

FACILITIES DESCRIPTION

Complete a “Facilities Description” narrative using the specific items or topics referenced below. Limit the narrative to a half page.

Narrative should describe the facility utilized, including its location, arena type, horse shelters (indoor and or outdoor), number of horses and their care, as well as all related management practices.

Explain the care provided for horses utilized, including routine veterinary check-ups, farrier care, nutrition (hay and feed provided), stalling and pasture turn-out procedures as well as basic day-to-day care and grooming. Also explain if any of these services are offered at discounted rates or donated by members of your community.

PROJECT REQUEST

Complete a “Project Request” narrative using the specific items or topics referenced below. Limit the narrative to a half page.

Narrative should describe the educational coursework for which you are requesting grant funding and a timeline for completion. If full funding is not available through this request, how will you proceed? Please explain within the narrative.

BUDGET FORMS

Complete and submit the enclosed organizational financial summary and training budget forms (two pages total). All financial information should be reported using the forms provided.

IRS DETERMINATION LETTER

Applicants are required to be a 501 (c)(3) not-for-profit organization as determined by the Internal Revenue Service. A copy of this letter must accompany organization's proposal.

COPY OF MEMBERSHIP(S)

Applicant organizations must be a member of one or more of the following associations: American Hippotherapy Association (AHA), Certified Horsemanship Association (CHA), Equine Assisted Growth and Learning Association Inc. (EAGALA) and or Professional Association of Therapeutic Horsemanship International (PATH Intl.). A copy of the organization's current certification or membership card with a visible expiration date must be provided with the proposal. Only one is currently required.

COPY OF CLINICIAN RESUME & SYLLABUS

This section is only applicable to organizations applying for funding to provide Center Immersion Training. Organization must submit copy of the clinician's resume and syllabus.

NOTIFICATION OF AWARD

Notification will be mailed to the applicant organization in August. If selected as a recipient of an America's Horse Cares grant, claiming instructions and terms of the award will be included in the notification packet. Note: in some cases grant funding may be awarded after the clinic date(s) indicated in organization's proposal.

MAXIMUM NUMBER OF PAGES ALLOWED: 15

AMERICA'S HORSE CARES
A program of the American Quarter Horse Foundation

AMERICAN QUARTER HORSE FOUNDATION

GRANT PROPOSAL CHECK-LIST

Questions or inquiries may be directed to the Programs Office at (806) 378-5040 or jpazderny@aqha.org.

☐ **Cover Sheet**
Complete and submit the attached cover sheet which requests all pertinent contact information needed for the grant evaluation process.

☐ **Program Description**
Two-page narrative describing organization's establishment with year of inception, mission statement, current services provided and program's goals and objectives.

☐ **Facilities Description**
Half-page narrative describing organization's facility, including location, shelters, number of horses and their care, along with related management practices.

☐ **Project Request**
Half-page narrative describing the educational coursework for which you are requesting grant funding, and a timeline for completion.

☐ **Budget Forms**
Complete and submit the enclosed organizational financial summary and training budget forms (two pages). Information should be reported using the forms provided.

☐ **IRS Determination Letter**
Applicants are required to be a 501(c)(3) not-for-profit organization as determined by the Internal Revenue Service. A copy of this determination letter must accompany your proposal.

☐ **Copy of Membership Card(s)**
Applicant organizations must provide copy of a current membership through the associations listed within criteria.

☐ **Copy of Clinician Resume and Syllabus**
This section is only applicable to organizations applying for funding to provide Center Immersion Training. Organization must submit copy of the clinician's resume and a training syllabus.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED

2013 AHC COVER SHEET

Organization Name:_____

Request Amount:_____

Office Address:

_____

_____

_____

Phone:_____

Fax:_____

Contact(s):

_____

_____

_____

Phone:_____

Email:_____

Center Location/Site:
(if different address)

_____

_____

_____

Phone:_____

Name & Title of Official to be Notified if Grant is Awarded:

_____

_____

Phone:_____

Email:_____

Association Membership: ☐ AHA ☐ CHA ☐ EAGALA ☐ PATH

CERTIFICATION BY APPLICANT AND AUTHORIZATION

We certify the statements recorded in this proposal/application are true and accurate and is submitted with our Board of Directors/Governing Body's full knowledge and endorsement. We understand if any statement presented in this proposal/application is misleading or untrue, the applicant organization may be disqualified.

Organizational Representative:_____

Title or Office Held:_____

Signature:_____ Date:_____

TRAINING BUDGET

Organization Name:_____

INDIVIDUALIZED EMPLOYEE/VOLUNTEER TRAINING

Clinic/Workshop Name:	
Sponsor Association: (ex. AHA)	
Clinician/Trainer: (ex. John Smith)	
Training Category: (ex. Muscles in Motion)	
Date(s) of Workshop/Clinic:	
Amount per Attendee:	
No. of Attendees:	
Total Amount:	

Training Justification:

_____

_____

_____

_____

_____

CENTER IMMERSION TRAINING

Clinic/Workshop Name:	
Clinician/Trainer: (ex. John Smith)	
Training Model: (ex. PATH)	
Training Date(s):	
No. of Attendees:	
Percent Effort:	
Total Amount:	

Training Justification:

_____

_____

_____

_____

_____

ORGANIZATIONAL FINANCIAL SUMMARY

Organization Name:_____

Accounting Year Dates (Fiscal/Calendar):_____

INCOME

Items that should be included as income: fees for client services, proceeds from an event, government grants, foundation grants, individual donations, etc.

Income Type	**Prior Year's Actual ($)**	**Projected Annual Budget ($)**	**YTD Actual ($)**
Revenue (earned income)			
Special Events			
List # of events per year			
Support (donations, grants, etc.)			
Federal			
Public & Private			
TOTAL INCOME			

Explanation of Income:_____

_____

_____

EXPENSES

Items that should be included as expenses: salaries, supplies, rent and utilities, veterinary care, feed, service fees, insurance, fundraising events, volunteer education, center certifications, etc.

Expense Type	**Prior Year's Actual ($)**	**Projected Annual Budget ($)**	**YTD Actual ($)**
Operating			
Instructor Salaries			
Other Payroll/Salaries			
Office & Educational Supplies			
Facility (rent and/or repairs)			
Utilities			
Horse Care			
Other/Miscellaneous			
Insurance			
Fundraising			
Education & Certifications			
Capital Expenses			
TOTAL EXPENSES			

Explanation of Expenses:_____

_____

_____