

COLLIE RESCUE FOUNDATION Grant Application Form Name of

Rescue: \_\_\_\_\_ Contact

Person: \_\_\_\_\_ E-mail

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

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

Address (to mail check): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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The following information is for CRF internal use only and will not be shared. We are requesting this data in lieu of asking for any receipts to be submitted in order to qualify for this grant.

Number of dogs rescued in calendar year 2024: \_\_\_\_\_ (estimated)\_

Expenditures in calendar year 2024: \_\_\_\_\_ (estimated)\_

Donations in calendar year 2024: \_\_\_\_\_ (estimated)\_

PLEASE MAIL COMPLETED FORM TO: Paula Clairday, [stornowaycollie@yahoo.com](mailto:stornowaycollie@yahoo.com) or  
1761 Nolan Road, Middleburg, FL 32068

NOTE expiration date to apply is 8/31/24 .MUST BE A CURRENT CRF AFFILIATE TO QUALIFY.