Mississippi Shelters Assistance Request Form

Hope for Paws
FOUNDATION, INC.

Thank you for your interest in partnering with our organization to enhance animal welfare in Mississippi. Please complete this form thoroughly to help us assess your request for assistance. Ensure all required documentation is attached to avoid processing delays.

Organization Information

Legal Name of Organization:

EIN (Employer Identification Number):

Physical Address:

Street:

City: | State: | ZIP:

Mailing Address (if different from above):

Street/PO Box:

City: | State: | ZIP:

Estimated number of animals currently in your care: _____

Number of animals rescued/adopted in the last 12 months: _____

Website:

List All Social Media Profiles:

Contact Person

Full Name:

Title/Position:

Phone: | Cell:

Email Address:

Organization Details

Mission Statement:

Year Founded:

Is your organization recognized as a 501(c)(3) tax-exempt entity by the IRS?

☐ Yes (Attach IRS determination letter) ☐ No (If pending, provide details)

Mississippi Secretary of State Charity Registration Number:

(Charitable organizations soliciting contributions in Mississippi are required to register with the Secretary of State. For more information, visit Mississippi Secretary of State - Non-Profit Requirements.)

Has your organization conducted an organizational meeting and adopted bylaws as required under Mississippi law?

☐ Yes ☐ No

(Note: Depending on your operations, you may need to apply for an animal welfare license or registration. See Apply for an Animal Welfare License or Registration for guidance.) law requires nonprofit corporations to hold an organizational meeting to adopt by laws within a specified timeframe. Refer to Non-Profit Requirements for details.)

Does your organization have a current animal shelter license or registration as required by federal or state authorities?

☐ Yes (Attach copies of relevant licenses or permits) ☐ No

(Depending on your operations, you may need to apply for an animal welfare license or registration. See Apply for an Animal Welfare License or Registration for guidance.)

Assistance Request Details

Type of Assistance Requested:

Type of Support Requested (Check all that apply):

☐ Emergency Veterinary Assistance
☐ Spay/Neuter Program Funding
☐ Food & Supply Donations
☐ Facility/Infrastructure Improvements
☐ Medical Treatment & Rehabilitation Funding
☐ Adoption & Outreach Support
☐ Transport Assistance for Rescued Animals
☐ Natural Disaster Relief Assistance
☐ Foster Care & Long-Term Animal Support
☐ Financial Support
☐ Supplies/Equipment
☐ Volunteer Support
☐ Training/Education
☐ Other (Please Specify): _____

Assistance Request Details - *Continued*

Detailed Description of Request:

Purpose and Goals of the Assistance:

How will this assistance benefit the animals and/or operations of your shelter?

Total Amount of Funding or Value of Support Requested:

Have you previously received assistance from our organization?

☐ Yes ☐ No

If yes, please provide details:

Background Check Authorization

To ensure the safety and well-being of the animals and uphold our organizational standards, we require authorization to conduct background checks on key personnel.

List of Key Personnel for Background Checks:

Full Name:

Title/Position:

Date of Birth:

Social Security Number:

Driver's License Number and State:

Background Check Authorization - *Continued*

Required Attachments

- [ ] Proof of 501(c)(3) Status (IRS determination letter)
- [ ] Mississippi Charity Registration Confirmation
- [ ] Organizational Bylaws
- [ ] List of Board of Directors with Contact Information
- [ ] Most Recent Financial Statements
- [ ] Relevant Licenses and Permits
- [ ] Detailed Budget for Requested Assistance
- [ ] Any Additional Supporting Documentation

Authorization Statement

I hereby authorize Hope for Paws Foundation, Inc. to conduct a comprehensive background check on the individuals listed in this application. This may include, but is not limited to, criminal history, employment verification, and any other necessary records checks to ensure compliance with organizational and legal standards. I understand that all information obtained will be used exclusively for the purpose of evaluating this assistance request and ensuring the proper care, safety, and treatment of animals under our care.

Certification & Agreement

By signing below, I certify that:

- The information provided in this application is **true, accurate, and complete** to the best of my knowledge.
- I am **duly authorized** to submit this application on behalf of the organization.
- I understand that **submission of this form does not guarantee approval** of assistance and that Hope for Paws Foundation, Inc. r**eserves the right to request additional documentation or conduct follow-up assessments** as part of the evaluation process.
- I agree to **cooperate fully** in providing any additional information required to complete the review of this request.
- I acknowledge that **any falsification or omission of relevant information may result in disqualification** from consideration for assistance.

Signature of Authorized Representative:

Printed Name:

Title:

Date: Month Day Year

Please submit the completed form and all required attachments to Hope for Paws Foundation, Inc. P. O. Box 1009, Madison, MS 39130 or by Email at **Assistance@hopeforpawsfoundation.org** . Incomplete applications may result in processing delays.