

Office use only

Date:

By:

ID:

# FACT's Healthy & Humane Farm Funds Application Form

Food Animal Concerns Trust • [www.humanefarmfunds.org](http://www.humanefarmfunds.org)

3525 W. Peterson Ave., Ste. #213, Chicago, IL 60659

Ph. 773-525-4952 • Fax 773-539-3053

Date of application: \_\_\_\_\_ Application submitted to: FACT, Inc.

## Section 1: Farm Information

Name of farm

Legal name, if different

Farm owner

Employer Identification Number (EIN)

Address

City

State, Zip

Phone

Fax

Farm Website

Name and Title of contact person regarding this application

Phone

E-mail

Certifications held by this farm (please check all that apply):  American Grassfed Certified  Animal Welfare Approved  
 Certified Humane  Certified Naturally Grown  USDA Certified Organic  Other: \_\_\_\_\_

## Section 2: Proposal Information (please see application guidelines)

### 1. Type of project (please check one):

- Transitioning to a pasture-based system  
 General improvements to farm animal welfare  
 Marketing of humane products (available only to farms already considered highly welfare-oriented as determined by holding one of the certifications listed above.)

### 2. This project will benefit the following species (please check all that apply):

- Beef cattle  Broiler chickens  
 Dairy cows  Laying hens  
 Swine

5. Amount requested from FACT (up to \$1,500): \$ \_\_\_\_\_

60 Please give a 3-4 sentence summary of the request, including how funds would be spent. (This should summarize your one-page proposal narrative):

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## Section 3: Authorization

I certify that the farm for which these funds are requested is a working independent family farm. This is a farm on which a family or individual owns the animals, is engaged in the day to day management of the farm and its animals, derives a share of livelihood from the farm, and produces a livestock product for sale. By signing below, I acknowledge that the information in this application is accurate to the best of my knowledge.

Name & title of authorized person: \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### **Application requirements:**

- Completed application form
- Signed Authorization
- Schedule F form from your farm's most recent tax return
- One page narrative proposal (p. 3)
- Detailed project budget (p. 4)
- Three color photographs that accurately depict current state of your operation, including at least one of the animals the proposed project will benefit. (Please include hard copies with your paper application or email digital files to [grants@foodanimalconcerns.org](mailto:grants@foodanimalconcerns.org))

### **Applications must be received by *April 1, 2012*. Please mail completed applications to:**

Food Animal Concerns Trust  
Attn. Healthy & Humane Farm Funds Project  
3525 W. Peterson Avenue, Suite 213  
Chicago IL, 60659

You may also email a digital application to [grants@foodanimalconcerns.org](mailto:grants@foodanimalconcerns.org).

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## Section 4: Project Narrative

*Please use this page to describe your proposed project.*

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## Section 5: Detailed Project Budget

Dollar amount requested from FACT (*up to \$1,500*): \$ \_\_\_\_\_

Total annual operating budget (\_\_\_\_\_ 2012 - \_\_\_\_\_ 2012): \$ \_\_\_\_\_

Total project budget (*if different than amount requested*): \$ \_\_\_\_\_

Please include below a detailed project budget using the following categories as they apply to your project. In the third column, "Details on expense," please include a list of items that fall under the corresponding expense category, using as much space as needed.

### Project Budget

Expense	Amount	Details on expense
Salaries & wages (breakdown by individual position and indicate full or part-time)		
Fringe benefits & payroll Taxes		
Consultants & professional fees		
Travel		
Equipment		
Supplies		
Training		
Printing & copying		
Telephone & fax		
Postage & delivery		
Rent & utilities		
In-kind expense		
Other (specify)		
<b>Total Expense</b>		