

Access to Basic Veterinary Care (ABVC) Program

Research Grant 2019

Letter of Inquiry Form

APPLICANT INFORMATION

Tax Status (circle one): 501(c)(3) organization corporation (for profit) municipality or county agency other governmental	unincorporated organization/individual (please specify organization type):other (please specify):
Name (Organization, Agency, Business or Individual): _	
Address:	
Phone & Website:	
Primary Contact's Prefix, Name & Title:	
Primary Contact's Work Phone & Email:	
REQUEST / PROJECT DESCRIPTION Project Title:	
Request Amount: \$	
Anticipated Start Date:// Anticip	oated End Date:/
Vulnerable Cat/Dog Population Served	
Geographical Area Served	
Project Budget: Please provide a breakdown of income and expenses for the parties that the total project cost is higher than the amount requested, place.	

character limit	,, and impact (descript	ion of now the results	s will be used to inform (and davance Al

a) Please list all team members, their role in the project and their credentials.

Name	Project Role	Credentials (e.g., degree, certification, specialized training/experience)

b)	Describe below why you and your team are well poised to carry out this work. 3000 character limit

Submission: Please complete this Letter of Intent form, download, save and send via email to ABVCResearchGrant@ASPCA.org no later than Friday, April 19, 2019 at 5 pm ET.