** Non Dog and Cat Rescue Organization - Overflow Recipient Application**

For example - equine, farm animals, rabbits, aquatic, wildlife, reptile, bird.

 This is an application for groups other than dog and cat focused, to apply for donations from the Rescue Bank Program.

Donors provide wholesome, nutritious food and supplies on an as-available basis only. Rescue Bank and recipient organizations are not able to request specific food types (e.g., grain-free) or brands. This is an overflow category and there is no guarantee of frequency of donations.

Food and supplies (the "Donated Goods") are for the Recipient Group’s use only. They may not be: a) redistributed without the expressed written consent of Rescue Bank, b) sold, rented, or exchanged for other goods or services, nor c) presented for refund.

Each Overflow Recipient Organization must complete their own application. Submitting this form does not guarantee approval to receive products. Incomplete applications will not be processed.

 Rescue Bank Affiliate nearest to your location Two Legs Four Paws / Oklahoma City

 Organization \*



 Web Site \*



 Web Site link to adoptable animals (if applicable)



 Facebook Page



 Non Profit Tax ID# \*



 Proof of Non-Profit Status - Upload a copy of your IRS Determination Letter. \*

 Address (Not a PO Box) \*



 City \*



 State \*



 Zip Code \*



 Email \*



 Completed by \*



 Applicant's Position in Organization \*



 Tel # \*



 Mission Statement \*



 Animals reside in \*

Foster Homes Facility Both

 Type of organization (check all that apply) \*

Equine Rabbit Bird Reptile Wildlife Farm animal Aquatic Zoo Foundation 

 # of animals adopted past 12 months \*



 Describe storage capabilities - include maximum food and supplies storage capacity \*



 How many pallets can you transport?

 How far can you drive to pick up food or supplies?

Up to 50 miles 50-100 miles 100-150 miles 150+ miles

 Product needs (ex. - food, bedding, etc.)



 # of employees \*



 # of active volunteers \*



 Facility Location, if any

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

 Country

 Does your organization have a contract to provide Animal Control Services for any city, county, or municipality? If yes, please explain.



 Veterinary Reference-Please Provide Contact Information \*



 Have you participated in a "donated" or "low cost" pet food program within the past twelve (12) months? \*

Yes No

 If Yes, please provide program name and frequency.



 Please list other food sources \*



 Please list your Board Members' Names and Email addresses or phone numbers. \*



 **Authorized Representatives - All organizations must complete and list at least two (2) individuals.**

 Full Name \*

First and Last Name Position in Organization

 E-mail \*

 Phone Number \*

 - Area Code Phone Number

 Full Name \*

First and Last Name Position in Organization

 E-mail \*

 Phone Number \*

 - Area Code Phone Number

 Full Name

First and Last Name Position in Organization

 E-mail

 Phone Number

 - Area Code Phone Number

 Full Name

First and Last Name Position in Organization

 E-mail

 Phone Number

 - Area Code Phone Number

** By submitting this application you agree and acknowledge the following terms and conditions:**

  1.      You are authorized to sign this agreement on behalf of this organization and certify that the information set forth in this application and supporting documentation is correct.

2.       You have read and understood the criteria that apply to this application and certify that the group meets each one.

 3.     The IRS determination letter has not been revoked, canceled or modified.

 4.     That food shall be protected against dampness, deterioration, and mold or from contamination by insects, birds, rodents or other animals

 5.     That food spoiled or otherwise contaminated shall not be served.

 6.     To abide by restrictions or conditions of distribution, if any, imposed by the source of Donation and communicated to Recipient by Donor.

 7.     Any raw meat provided is not fit for human consumption and shall be used solely for feeding animals.

 8.     That feeding pet food to ruminant animals is prohibited.

 9.     To not sell, transfer, trade or barter any Donation or portion thereof in exchange for money, property or services or otherwise allow the items to enter commercial channels.

 10.   To release both Donor and Donor’s source(s) from any liability arising from the condition of Donation and further agrees to indemnify and hold harmless Donor and its source(s) against any and all damages, losses, claims, causes of action and suits of law or in equity or any obligation whatsoever arising out of or attributed to any action of in connection with Recipients receipt, handling or distribution of Donation.

 11.   That Rescue Bank may list your organization as a participant in its publications, website or other informational materials but will not sell or disclose non-contact information for any commercial purpose.

12.   That goods or services are provided on an "as is" and "as available" basis. Rescue BankSM expressly disclaims all warranties of any kind, whether express or implied, including, but not limited to the implied warranties of merchantability or fitness for a particular use or purpose.

13.   Your organization grants to Rescue BankSM the following: 1) the right to include on its website a link to your organization’s website(s), 2) the right to use any image(s) that you submit to Rescue Bank or that may be recorded by Rescue BankSM during or in connection with events that involve both organizations.

14.   Permit monitoring, including a site visit if requested, by a Donor representative, as reasonable and necessary to verify that compliance with criteria, receipt, handling and use of Donation conform to this Agreement.

15.  Applicant grants permission to Rescue Bank and its pet products donors to use information contained in this application for their internal evaluation and response procedures.

16. All Handling Fee payments are to be made payable to the Affiliate Organization or Rescue Bank, as requested, and in no event made to any individual or other organization.

 I have read and agree to the terms and conditions described in this application. \*

Yes

 Signature \*

Must Type and OK digital Name

 Personal email \*

 Personal Phone Number

 - Area Code Phone Number

 Personal Address \*

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

 Country

 Enter the message as it's shown \*

 E-mail

 How did you hear about our program? (If you were referred, please list the name of the individual and/or organization) \*