** Feral Cat Programs - Recipient Application**

 This is an application for Feral Cat organizations to apply for donations from the Rescue Bank Program.

Donors provide wholesome, nutritious food 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.

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 Recipient Organization must complete their own application. Applications work best when viewed and completed using Firefox or Internet Explorer. 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 to Adoptable Animals, if any (use direct link, for example do not put just the word "Petfinder") \*



 Facebook Page



 Twitter Account



 Non Profit Tax ID# \*



 Proof of Non-Profit Status \*

 Address (Not a PO Box)



 City \*



 State \*



 Zip Code \*



 Email \*



 Completed By \*



 Applicant's Position in Organization \*



 Tel # \*



 Mission Statement \*



 Feral Cat - Please describe your feeding programs: \*



 Do you have an active "Trap Neuter Release" program? \*

Yes No

 Colony 1 - City, State, zip of Colony \*



 Colony 1 - # of spay/neuters past 12 months \*



 Colony 1 - spay/neuter plan for rest of colony \*



 Colony 1 - # cats fed on a regular basis \*



 Colony 2 - City, State, Zip of Colony



 Colony 2 - # of spay/neuters past 12 months



 Colony 2 - # of cats fed on a regular basis



 Colony 2 - plan for spay/neuter of rest of colony



 Colony 3 - City, State, Zip of Colony



 Colony 3 - # of spay/neuters past 12 months



 Colony 3 - # of cats fed on a regular basis



 Colony 3 - plan for spay/neuter of rest of colony



 # of employees \*



 # of active volunteers \*



 Average monthly need for cat food (lbs) \*



 Describe your food storage facility or capability - include maximum capacity \*



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

Yes No

 If yes, please describe?



 Please list other food sources \*



 Facility Location, if any

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

 Country

 Veterinary Reference - include contact information \*



 Local Reference - include contact information and relationship to group \*



 Why is your organization requesting support from Rescue Bank \*



 **Authorized Representatives - Please provide the names of at least two authorized representatives, including at least one Board member.**

 Full Name \*

First Name Last Name

 Title or Role in Organization \*



 E-mail \*

 Phone Number \*

 - Area Code Phone Number

 Full Name \*

First Name Last Name

 Title or Role in Organization \*



 E-mail \*

 Phone Number \*

 - Area Code Phone Number

 Full Name

First Name Last Name

 E-mail

 

 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, return for refund/store credit, 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, subject to the opt-out policy below, 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 Bank 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 Bank 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 Bank 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.

 Phone Number

 - Area Code Phone Number

 Full Name

First Name Last Name

 E-mail

 Phone Number

 - Area Code Phone Number

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

 I have read and agree to the terms and conditions. \*

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