

Application For Greyhound Funds

NOTICE: Applicants for Colorado greyhound purse, welfare and adoption funds must be a licensee in good standing and subject to all the rules and regulations of the Colorado Racing Commission.

Name of Organization		Racing License Number
Organization Address (Street, City, State, Zip)		
Contact Person Name	Contact Phone Number	Contact Email Address
Amount Requested	For the 6-Month Period	Annual Organization Budget
Purpose of Organization <input type="checkbox"/> Adoption Agency <input type="checkbox"/> Welfare Organization	Organization Profit Status <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit	
If an adoption agency, list the number of greyhounds adopted during the period, names of states where the greyhounds were bred and from which they were received, and names of states where animals were placed. If a welfare organization, list and detail activities that your organization undertook during the period for greyhound welfare for which you are seeking reimbursement.		
Submit the Following: <input type="checkbox"/> Listing of the names and positions of all principals (officers and/or directors) in the organization. <input type="checkbox"/> Listing of adopted dogs for time period and all relevant information. <input type="checkbox"/> Copy of the organization's annual budget. <input type="checkbox"/> Listing or description of the organization's funding sources.		
<input type="checkbox"/> <i>I certify that all information submitted as part of this application is truthful and accurate. I further certify that the organization does not act in the opposition of greyhound racing.</i>		
Printed Name of Authorized Agent for Organization		Title
Signature		Date
<input type="checkbox"/> <i>I certify that all funds requested are for reimbursement of expenses already incurred, excluding personnel costs, during the applicable period of this application.</i>		