**Animal-Kind International**

Grant Application for 2025 Africa & Latin America/Caribbean Animal Welfare Organizations

**Before starting this application, please ensure you have read the AKI Grant FAQs:**

**https://www.animal-kind.org/grant-program-2025**

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| Date of Submission: |  |

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| Organization name & country(ies) of registration & operation:  |  |

**CONTACT INFORMATION**

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| Your name & your role in the organization: |  |

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| Organization’s email address & phone number (with country code): |  |

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| Organization’s website, Facebook page, & other social media pages (Instagram, TikTok, etc). Please provide URL or handle & check to ensure the link is not broken: |  |

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| Organization’s physical address including country: |  |

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| Who in your organization will be responsible for monthly reporting to AKI? (Name & role in the organization): |  |

**ORGANIZATION INFORMATION**

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| Founding date & registration (Is the organization registered as an NGO, non-profit, etc.; include registration number). Give the date you began operations as an NGO if different from the registration date: |  |

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| Organization’s mission, goals, objectives, & primary activities (include primary operating locations-county, city, village, etc.): |  |

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| Number & titles of paid staff & of key volunteers in the organization (note whether paid or unpaid): |  |

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| Describe 3 key animal welfare results your organization has achieved in the last 3 years. Be as specific as possible. Provide quantitative results, when possible: |  |

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| List 3 references: For each, include name, organization, title, & email contact (References should be people outside of your organization who know your program from a variety of angles): |  |

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| Has your organization received financial assistance from any foundations or organizations in the past 3 years? If so, please provide the funding organization’s name, title/type of projects supported and how the funds were used, start/end dates of projects supported, and the amount in US$: |  |

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| **Please attach your organization’s 2024/2025 budget (income/expenditures) when you submit this application.**  |

**PROPOSAL INFORMATION**

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| **Please explain your proposed project in detail and if needed, add more lines. Note the project must be completed within 6 months of receipt of funds. Photos may be submitted with the proposal to help illustrate the proposed project’s need and methodology (they should be well-labelled and sent as jpeg attachments, not embedded in the application). Please use the questions below as a guide for the proposal description. No AI-generated or AI-assisted applications will be accepted.** |
| **TITLE OF PROPOSED PROJECT.** Provide a memorable, succinct title that we can use when referring to your project. |
| **PROJECT GOAL.** What is the overall goal of the project you are proposing (maximum 25 words)?  |
| **PROPOSED ACTIVITIES.** Describe the **specific** activity(ies) you will undertake to achieve this goal. Describe the **schedule/timeframe of each activity**. Explain why there is a need for the activity(ies). Be very specific in your description. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PAST EXPERIENCE.** What is your relevant previous experience; has your organization implemented similar activities in the past? Please explain. Why is your organization well-suited to implement this project?  |
| **LOCATIONS OF ACTIVITIES INCLUDING CITY/VILLAGE.** List the location(s) of each activity (include country if multiple countries) and state how far they are from the home office/implementing staff in terms of distance and travel time. Why have you chosen the location(s)? Have you worked in this location(s) previously? Do you already have contacts there? |
| **OUTCOMES.** What specific outcomes do you expect from this project? Provide quantitative outcomes, where relevant, e.g., number of vaccinations to be administered, number of people to be trained.  |
| **SUSTAINABILITY.** Please describe the measures you have in place to ensure the grant efforts and impacts are sustainable and are designed to las beyond the grant period.  |
| **ROLES & RESPONSIBILITIES.** Who will **oversee** each activity and who else will be **involved** in each activity?  |
| **CHALLENGES.** Do you anticipate any challenges to accomplishing the goal of the project?  |
| **Will this grant cover the full cost of the project?** If not, please describe the additional needs and how you will fund these. If you requested funds from elsewhere for this project, for what purpose and amount?  |
| Please provide a detailed budget for this project using the template below. Please ensure your project budget is within AKI’s budget range for this grant program. **Your budget should be in USD: convert local currency into USD where necessary.** **For previous grantees who have successfully completed their AKI-funded grant, the budget ceiling is US$3000. For those who have not received an AKI grant previously, the ceiling is US$2000. Please develop a budget that is relevant to your application versus one that is developed to meet the ceiling. Our review committee will evaluate whether your budget fits the proposed activities and may request that you adjust it.** Proposed Budget (in US$)

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| Item (DO NOT BUDGET FOR **CATEGORIES** OF ITEMS (E.G., MEDICINE, COMMUNITY ANIMAL WELFARE EDUCATION), INSTEAD **BUDGET FOR SPECIFIC ITEMS.** FOR EXAMPLE, LIST AND BUDGET FOR ALL ITEMS INVOLVED IN TRAINING, SUCH AS RENTAL OF VENUE FOR # OF DAYS, # of HANDOUTS; OR ALL ITEMS NEEDED FOR A COMMUNITY CLINIC, SUCH AS 2 SURGERY TABLES, TRANSPORT FROM/TO (AMOUNT IN KM) USING PUBLIC MOTORBIKE). | Cost/Unit  | # of Units | Total |
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|  |  |  |  |
| TOTAL |  |  |  |

**Budget Narrative.**  How did you calculate the costs above? Did you get quotes or have you purchased something similar recently and have receipts to support the budget? What research did you do to ensure your budget costs are accurate?  |
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 **SUBMISSION INFORMATION**

To submit your completed grant application, please email it as an attachment to karen@animal-kind.org with email subject line: AKI Grant Program. Please submit only one application/organization. **Please submit the application as a Word document (or similar software); do not submit your application as a PDF.**

**APPLICATION PROCESS**

Animal-Kind International will accept grant applications from **May 25 through June 22, 2025**. **Any application that is incomplete (that fails to answer each question or fails to provide supporting material such as the 2024/2025 budget) will not be considered.** We will not accept applications prior to May 25, 2025. Any application that arrives after the deadline (i.e., 12:01 am GMT on June 23) will not be considered. We will review applications between June 23 and August 3, 2025. On or about August 4, AKI will notify all applicants whether their grant has been approved or declined. All decisions are final.

 **TERMS & CONDITIONS**

I hereby certify that all information provided in this document is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of this application.

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| Today’s Date: |  |
| Printed Name & Title: |  |
| Signature (e-signature or typed is acceptable): |  |