



Pet Awareness & Welfare Services (PAWS)
 848 N. Rainbow Blvd. #2922 Las Vegas, NV 89107
 (888) PAWSLV-1 / Fax (702) 666-0105 / www.pawslv.org / info@pawslv.org

NON-PROFIT ORGANIZATION'S BASIC INFORMATION

Organization's Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Website:	E-Mail:	
Tax ID:	Date of 501(c)3 Status:	
Has Your Exempt status ever been revoked:	If so, date of reinstatement:	

APPLICANT'S INFORMATION

Name:	
Phone:	E-Mail:
Position:	# of Years with Organization:

OPERATIONS

Location(s) of Adoptions:			Days per month:
Average # of pets housed	Cats:	Dogs:	Other:
Average # of adoptions per month	Cats:	Dogs:	Other:
Adoption Fees	Cats:	Dogs:	Other:
Where do you mostly get your pets from (i.e. local shelters, the public):			
Are all your pets sterilized:		If not, do you require it before adoption:	
Are all your pets vaccinated:		If not, do you vaccinate before adoption:	
Programs (i.e. adoptions, rehabilitation):			
Organizations you are affiliated with:			
Employees	Full-time:	Part-time:	Number of Paid Employees:
Do you have liability insurance:		If so, how much coverage:	
How would PAWS' contribution be spent (approximate amounts for categories or % of distribution):			

Future/Dream Goals:

FINANCIALS

You do not have to fill the financials out if you attach a copy of your Statement of Financial Position (Balance Sheet), Statement of Activities (Income Statement), and Statement of Cash Flows

Public Contributions	2010:	2009:
Private Grants	2010:	2009:
Government Support	2010:	2009:
Non-Profit Organizations:	2010:	2009:
Current Assets:		Current Liabilities:
Non-Current Assets		Long-term Liabilities:

SIGNATURES

Signature of applicant:	Date:
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