

Georgia Equine Rescue Ltd  
Letter of intent for Horses Heal Veterans Grant



Name of your organization: \_\_\_\_\_

Name of CEO or contact Person (if different) \_\_\_\_\_

Physical Address of Organization:

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code  
\_\_\_\_\_

Mailing Address:

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code  
\_\_\_\_\_

Contact Phone: ( ) \_\_\_\_\_

Email you would like associated with this grant:

\_\_\_\_\_

Employer if applicable: \_\_\_\_\_

Are you a 501c-3: Yes or No. (please circle)

Is your organization PATH or EAGALA certified? Yes or No (please circle) If no, does your organization hold other certifications and what are they?

\_\_\_\_\_  
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Will your organization consent to an onsite visit by the GERL Board of Directors? Yes or No (please circle)

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