

Wes Moore, Governor
Aruna Miller, Lt. Governor
Josh Kurtz, Secretary
David Goshorn, Deputy Secretary

## **Venison Donation Grant Program Application**

All fields must be completed to be co	onsiaerea.		
Name of Organization:			
Point of Contact:			
Street Address:			
City:	State:	Zip:	
Phone:	Email:		
EIN:			
Funding Amount Requested:			
Number of Years your Venison Dona	ation Program has been A	ctive:	
Number of Program Staff Members:	:		
Number of Deer Processed and Don	ated during each of the la	ast 3 Years:	
Year/Number of Deer:			
Estimated Number of Deer to be Pro	ocessed this Year:		
County(s) where your Venison Dona	ition Program will be Acti	ve (indicate 'Statewide' if statewid	le program):
Cooperating Butchers/Processors (a	ttach list if needed):		
Cooperating Receivers of Venison (F	ood Banks, Churches, and	d Similar Entities – attach list if nee	eded):

Please note: If you are claiming grant eligibility as a 501(c)(3) organization, please attach documentation in the form of: (a) a reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code; (b) a copy of a currently valid IRS tax exemption certificate; (c) a statement from a State taxing body, State Attorney General, or other appropriate State Official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; (d) a copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status; or (e) any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

Tawes State Office Building – 580 Taylor Avenue – Annapolis, Maryland 21401 410-260-8DNR or toll free in Maryland 877-620-8DNR – *dnr.maryland.gov* – TTY Users Call via the Maryland Relay