

New Hope Partner Application



ORGANIZATION

ORGANIZATION NAME

ADDRESS

CITY

STATE

ZIP

ORGANIZATION'S EMAIL

WEBSITE

PRESIDENT OR DIRECTOR

PRIMARY PHONE

ALT. PHONE

INDIVIDUAL EMAIL ADDRESS

Please list individuals who are authorized to pull animals on this organization's behalf. Each organization is permitted to submit a maximum of five people; individuals not listed will not be permitted to pull animals on behalf of this organization.

NAME

ROLE

PHONE

EMAIL

1. _____
2. _____
3. _____
4. _____
5. _____

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REFERENCES

VETERINARY REFERENCES

PRIMARY VETERINARIAN			
CLINIC NAME			
ADDRESS			
PHONE		FAX	
EMAIL			

EMERGENCY VETERINARIAN	* IF PRIMARY VET DOES NOT PROVIDE EMERGENCY SERVICES		
CLINIC NAME			
ADDRESS			
PHONE		FAX	
EMAIL			

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THREE PROFESSIONAL REFERENCES:

Please provide three professional references. One reference must be an adopter who has adopted from the organization in the last six months, one must be a shelter that the organization has pulled from in the last six months, and one must be someone who has fostered animals for your organization. If one of the above three requirements does not apply, please provide a reason and list a third reference that is either an adopter, foster, volunteer, or another animal welfare organization that your group has worked with on animal placement or adoption.

NAME / PROFESSIONAL RELATIONSHIP	1		
ADDRESS			
PHONE		EMAIL ADDRESS	

NAME / PROFESSIONAL RELATIONSHIP	2		
ADDRESS			
PHONE		EMAIL ADDRESS	

NAME / PROFESSIONAL RELATIONSHIP	3		
ADDRESS			
PHONE		EMAIL ADDRESS	

In addition to this signed application form, the following documents are required in order to process your application. ACC will not review an incomplete application package.

1. A copy of the organization's 501(c)(3) status, veterinary business license or wildlife license
2. A copy of the organization's articles of incorporation and by-laws, if applicable
3. A copy of the organization's adoption application and adoption agreement, together with a written description of the organization's adoption process
4. A list of all boarding facilities and trainers utilized by the organization, including name, address, and contact information
5. A list of shelters the organization currently pulls animals from including name, address, and contact information
6. If the organization is a 501(c)3 organized under the laws of the State of New York, proof of registration with the New York State Department of Agriculture and Markets. If the organization is organized under the laws of another state with a registration requirement, proof of such registration

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Upon notification of acceptance into the New Hope Program, the organization must review and sign a New Hope Program Agreement.

By my signature below, I certify that the information contained in this application is true and correct.

Date: _____

Organization Name: _____

Printed Name of President or Director: _____

Signature of President or Director: _____

Please send this completed application with attachments to **newhopeprogram@nycacc.org**. You will receive an email confirmation within 48 hours. Incomplete applications will not be accepted or processed. If you have any questions about your application, please contact **newhopeprogram@nycacc.org**.

Thank you for your interest in becoming an ACC New Hope Partner!