



The Onyx and Breezy Foundation  
P.O. Box 857, Tuxedo Park, NY 10987 (845-351-8830)  
www.onyxandbreezy.org

## Questionnaire (Non-Profit)

Name of Entity: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Have we assisted you before? Yes No

If so, what was the approximate date? / / How did we assist you? Amount: \$

Own Facility: Yes No Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Market Value: \_\_\_\_\_ Mortgage Amount: \_\_\_\_\_ Total monthly payment including taxes: \_\_\_\_\_

Does Your Organization Have a Non-profit status: Yes No

Are you a NO-Kill Facility? ( if applicable): Yes No

Number of animals on average at Facility? \_\_\_\_\_ Number of People on Payroll: \_\_\_\_\_

How did you here about us: \_\_\_\_\_

What are you requesting Funding for? \_\_\_\_\_

Please explain:

The above statements are true & factual.

Sign Name & Position \_\_\_\_\_

\*\* Please include copy of Tax Return / Financials Statements & Proof of Non-Profit Status with application.