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1100 CANTERBURY ROAD  
SUITE 100  
SHAKOPEE, MN 55379  
TELEPHONE: 952-496-7950  
FAX: 952-496-7954  
WWW.MRC.STATE.MN.US



RUNNING ACES HARNESS PARK LOCATION  
15201 ZURICH STREET STE 212  
COLUMBUS, MN 55025-7908  
TELEPHONE: 651-925-3951  
FAX: 651-925-3953  
WWW.MRC.STATE.MN.US

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## MINNESOTA RACING COMMISSION

Dear Applicant:

Thank you for your interest in applying for racehorse aftercare funds from the Minnesota Racing Commission (MRC). We are dedicated to preserving and protecting the quality of life of racehorses once their racing careers have ended and helping them find a safe and productive post-racing career.

The MRC allocates all racing-related fine monies to a special revenue fund dedicated exclusively to the aftercare of retired racehorse. These funds are additive to the funds generated by the Minnesota racetracks and the horsepersons' organizations. While we wish every need could be addressed, the limited funds available dictate that we reserve these funds for horses that have participated at racetracks in Minnesota.

The application includes a questionnaire, limited financial reporting information, as well as additional supplemental documents. Please take care in completing the application questions and ensure that you provide any additional documents requested as attachments.

The funding application will help us determine the best way to address your needs. Please be as thorough as possible. The MRC may also schedule site visits during the application process or after the funds are released. This will give us a chance to meet you, your volunteers and staff, and see your facilities first hand. The original application and all supporting materials should be submitted to the MRC no later than **October 26, 2020** and should be mailed or emailed to the address below. Please make sure you retain a copy of the application for your records.

**Applicants MUST meet the following requirement:**

- Current 501(c) (3) charitable organization

**\*\*Please note funds will not be distributed to first-year or start up organizations\*\***

The MRC looks forward to working with you to preserve the quality of life for our retired Thoroughbred, Quarter Horse and Standardbred horses. Please feel free to contact us with any questions you may have.

Sincerely,

*Stephanie Jenson*

Stephanie Jenson  
Minnesota Racing Commission  
[Stephanie.jenson@state.mn.us](mailto:Stephanie.jenson@state.mn.us)  
651-925-3955

Send completed applications to:  
Minnesota Racing Commission  
Attn: Retired Racehorse Funding Request  
15201 Zurich St. Ste. 212  
Columbus, MN 55025



# Minnesota Racing Commission – Annual Request for Funds

Date of Application: \_\_\_\_\_

## Organization Information

Name of Organization Legal name, if different

Physical Address City, State, Zip Employer Identification Number (EIN)

Phone Fax Website

Name of President/ Exec Dir. Title Phone E-mail

Name of contact person regarding this application Title Phone E-mail

Is your organization an IRS 501(c)(3) not-for-profit? Yes No

- If yes, please attach a copy of your organizations IRS exemption letter.

Year Established:

Organization Mission Statement (50 words or less):

Do any accrediting bodies accredit your organization? If yes provide details: Yes No



## Minnesota Racing Commission – Annual Request for Funds

### Budget

Describe your Organization's major sources of funding:

Total Board Members:

Total FT staff:

Total PT staff:

Total active volunteers:

### Proposal Information

**Funding Amount Requested: \$**

**Narrative:**

Please describe **in detail** the purpose of the funding request. Please be sure to include details such as photos and the estimated costs of any items being purchased with the funds. (photos can be attached to the back of this application)

### Equine Information

Number of horses currently in your organization's care:

- Number of Minnesota-**raced** horses in your organization's care:  
- These are horses that raced at a racetrack located in Minnesota
- Number of Minnesota-**bred** horses in your organization's care:  
- These are racehorses that are part of the Minnesota Bred program
- Number of **adoptable** horses in your organization's care:



## Minnesota Racing Commission – Annual Request for Funds

- Number of **permanent resident/non-adoptable** horses in your organization's care:
- Number of **recovering** horses in your organization's care:

<b>Facility Information</b>
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Do you (check all that apply):     Own Facility     Lease Facility     Use Foster Homes

- If you utilize foster homes, please list facility owner name and location:

What is the maximum capacity of equines on the property?

What is the total available acreage to which horses have access?

Describe number and type of paddocks/pastures/holding enclosures:

Describe the available sources of shelter for horses at the facility:

Describe the available sources of fresh water for horses at the facility:



## Minnesota Racing Commission – Annual Request for Funds

Describe your feeding program (hay, pasture, grain etc.):

### Equine Care

Has your Organization adopted the American Association of Equine Practitioners (AAEP) euthanasia guidelines?    Yes     No

Do you have a written policy on the castration of stallions, with the exception of stallion retirement facilities?     Yes     No

Do you have a written policy for horses that need to be returned to the Organization?     Yes     No

### Attachments

Please ensure you have attached the following requested items:

- |   |  |
|---|--|
| <input type="checkbox"/> IRS Exemption Letter                                 | <input type="checkbox"/> A list containing the registered names of applicable racehorses that came into your care this year.                               |
| <input type="checkbox"/> Euthanasia policy (if applicable)                    | <input type="checkbox"/> A list containing the registered names of applicable racehorses that your Organization has re-homed/adopted out in the last year. |
| <input type="checkbox"/> Castration policy                                    |  |
| <input type="checkbox"/> Return of Horse to Organization policy               |  |
| <input type="checkbox"/> Annual Report (if available)                         |  |
| <input type="checkbox"/> List of Board Members and Officers with Affiliations |  |

### Authorization

I hereby verify that the information provided is accurate to the best of my knowledge.

Name and title of President or Exec. Director: \_\_\_\_\_

Signature \_\_\_\_\_