

**Application for Animal Friendly Spay/Neuter Grant  
Fiscal Year 2010**

Please read and follow the instructions to properly complete this application. If additional space is needed for answers, please limit to one page. Applications filled out incorrectly **will not** be considered for funding.

**Application Deadline: June 1, 2009**

1. **Legal Name:** \_\_\_\_\_

2. **Federal Tax ID Number (EIN):** \_\_\_\_\_

3. **Mailing Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

4. **Payee Mailing Address** (*if different from above*):

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
Zip

\_\_\_\_\_  
County

5. **Type Of Entity:**

**Nonprofit Organization** (501(c)3)     **Governmental Agency** (*Animal Shelter*)

6. **Does this organization/agency fall under the TN Spay Neuter Law, which requires spay/neuter?** (*TCA §44-17-502 & §44-17-503*)?     **No**     **Yes**

7. **Project Contact Person:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**8. Financial Officer:**

Name: \_\_\_\_\_

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

Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**9. What is the PRIMARY county or counties this program covers? \_\_\_\_\_**

\_\_\_\_\_

**10. What proportion of this organization/agency's expenses go directly to spay/neuter procedures? \_\_\_\_\_**

**11. What is the "average" cost of each procedure for the program for which the grant is requested? (DO NOT include costs of vaccines, microchips or any other medical procedures.)**

cat spay \$ \_\_\_\_\_ cat neuter \$ \_\_\_\_\_ dog spay \$ \_\_\_\_\_ dog neuter \$ \_\_\_\_\_

**12. What is the target population intended to be served by the program funded by this grant (e.g., low income, indigent, elderly, shelter or foster animals being adopted by target population, etc.)? \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**13. How does your organization/agency document the financial need of individuals in the target population? Describe the method the organization/agency uses to separate people who are eligible for this grant program from other clients of your agency/organization? (Note: The Tennessee Department of Agriculture reserves the right to request selected documentation.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. List the number of all spay/neuter procedures performed by the organization/agency during the last year.**

number of cat spays \_\_\_\_\_  
number of dog spays \_\_\_\_\_

number of cat neuters \_\_\_\_\_  
number of dog neuters \_\_\_\_\_

**15. Did the organization/agency receive an “Animal Friendly” grant last year?**

No  Yes Amount awarded: \$ \_\_\_\_\_

How many animals were altered using “Animal Friendly” grant funds? \_\_\_\_\_

**16. Does the organization/agency shelter (brick & mortar facility) animals?  No  Yes**

Does the organization/agency foster animals?  No  Yes

Does the organization/agency have an adoption program?  No  Yes

**17. How long has this spay/neuter program, for which you are applying for this grant, been in operation (month and year if possible)? \_\_\_\_\_**

**18. Describe what community collaborations, if any, exist and how this grant will foster the creation, continuation or extension of those collaborations. \_\_\_\_\_**

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**19. What other resources for spay/neuter assistance exist in your community and who are their target populations? \_\_\_\_\_**

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**20. If grants from other organizations are anticipated, please tell us from whom and how much has been requested or awarded. (see CAIT website [www.vet.utk.edu/cait](http://www.vet.utk.edu/cait) for list of other possible sources of grants)**

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**21. Explain how post-surgical monitoring and care will be managed. \_\_\_\_\_**

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**22. Required Attachments (All applicable attachments must be included in order for an application to be complete.)**

- A. Organizational structure of the organization/agency. Include names of any officers and board members if applicable.**
- B. Nonprofit entities. Attach a copy of the IRS letter designating your organization as a 501(c)3. Only the IRS letter should be submitted. DO NOT include other related documentation.**

**OR**

**Governmental agencies. Attach a statement indicating that the submission of the application is authorized by your local governing agency official (e.g., mayor, county executive, etc.).**

- C. Financial statement (*profit/loss summary*) covering a recent twelve (12) months of operation (*the last calendar or fiscal year, which ever is more recent*). Financial information submitted must also include sources of income, expense categories and end of year balance. DO NOT submit a budget statement or formal audit. Governmental agencies must limit their financial statement to the unit specifically designated to provide spay/neuter services (*e.g., animal control*).**

Amount of grant requested: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of organization/agency representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Failure to answer ALL questions and provide ALL attachments and signature as requested will result in disqualification of the grant proposal.**