



STATE OF MISSOURI
 "I'M PET FRIENDLY"
 SPAY AND NEUTER GRANT APPLICATION

Instructions: All sections of this application must be completed and returned to the Missouri Pet/Spay Neuter Fund. Mail to: MO Pet Spay and Neuter Fund, Division of Animal Health, P.O. Box 630, Jefferson City, MO 65102-0630. Applications must be postmarked by February 15, 2012.

SECTION A

Facility Name:		Facility Phone Number:	
Physical Address of Facility:		Animal Care Facility Act License Number:	
City:	State:	Zip Code:	County:
Project Contact Person:		Project Contact Person Phone Number:	
Project Contact Person Address:		Email address:	
City:	State:	Zip Code:	County:

Describe Your Agency (check all that apply)

<u>Services Provided</u>	<u>Organization Structure</u>
<input type="checkbox"/> Unlimited intake shelter	<input type="checkbox"/> City, county
<input type="checkbox"/> Limited intake shelter	<input type="checkbox"/> Private nonprofit agency
<input type="checkbox"/> Foster network	<input type="checkbox"/> Spay/neuter clinic
<input type="checkbox"/> Animal Control	<input type="checkbox"/> Veterinary association
<input type="checkbox"/> Spay/neuter services	<input type="checkbox"/> Private veterinary clinic
<input type="checkbox"/> Feral cat sterilization	<input type="checkbox"/> Community collaboration
<input type="checkbox"/> Veterinary Care to public	
<input type="checkbox"/> Other _____	

SECTION B

Name of attending veterinarian providing service to operation:	License number of veterinarian performing services:		
Attending veterinarian address:	Phone number for attending veterinarian:		
City:	State:	Zip Code:	County:

Facility Permit Number:

Do you have an existing program with your attending veterinarian that includes a lower cost or discounted plan? If so what are the arrangements and costs?

SECTION C

TYPE OF ENTITY: Nonprofit Organization 501 (c)(3) Governmental Agency (animal shelter)

SECTION D

What county(ies) does your spay/neuter program cover and what is the population of each of those county(ies).

	County	Population	County	Population	

SECTION E

What is the average cost per procedure for the program for which the grant is requested?

SECTION F

What is the target population (e.g., low income, indigent, elderly, shelter animals, etc.) intended to be served by the program funded by this grant?

SECTION G

What criteria does your organization use in determining financial need of program participants?

SECTION H

Describe and quantify, to the extent possible, the pet overpopulation problem in your community using your agency's data and any other meaningful estimates.

SECTION I

For your organization, in the last completed year:

_____	cats and	_____	dogs were admitted
_____	cats and	_____	dogs were adopted
_____	cats and	_____	dogs were sterilized

If not all, what percentage of animals is not currently sterilized before adoption? %

SECTION J

Has your organization received a grant from the Spay/Neuter Fund in the past? Yes No

If yes, how many spays did you perform with grant funds?

If yes, how many neuters did you perform with grant funds?

Does your organization currently have a spay/neuter program?

Is funding for a new or existing program? Is funding for expanding or enhancing a program?

SECTION K

How many dogs and/or cats were spayed/neutered through your organization/agency during the last year?

How many spay (female) procedures were performed over the past year by your organization/agency?

How many neuter (male) procedures were performed over the past year by your organization/agency?

SECTION L

Does your organization/agency shelter animals? Yes No If yes, what are your adoption fees?

SECTION M

How long has your spay/neuter program been in operation (month and year if possible)?

SECTION N

Describe the general socioeconomic need (e.g. poverty levels, unemployment, per capita income, occupational data, etc.) of the counties covered by your spay/neuter program:

SECTION O

Describe what community collaborations, if any, exist and how this grant will foster the creation or extension of those collaborations:

SECTION P

What other resources for spay/neuter assistance exist in your community and who are their target populations?

SECTION Q

If grants from other organizations are anticipated, please tell us from whom and how much has been requested or awarded.

SECTION R

Explain how post-surgical monitoring and care will be managed:

SECTION S

How would a grant increase the spay/neuter procedures in your community?

SECTION T

Applicants selected for funding are expected to publicize their grant in support of their spay/neuter program via press releases, newsletters, website links, etc. In addition, they are expected to promote the sales of license plates so that additional spay/neuter grants can be funded. Please describe your plan to promote the Missouri Animal Friend Spay/Neuter License Plate.

SECTION U

- 1. **Attach** an organizational structure of the applicant.
- 2. **Nonprofit entities** - please attach a copy of the IRS letter designating your organization as a 501(c)(3) with a current list of officers and directors. **ONLY the IRS letter should be submitted, please DO NOT submit other related documentation.**
- 3. **Governmental agencies** - please attach a statement of authorization from your local governing agency official (e.g. mayor, county executive, etc.).
- 4. **ATTACH** - 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). **ORGANIZATIONS NOT SUBMITTING A FINANCIAL STATEMENT WITH THEIR APPLICATION WILL NOT BE CONSIDERED FOR A GRANT.**

SECTION V

Please disclose any members of the pet Spay/Neuter Fund Board that may be affiliated as an officer, agent, or member of your organization.

Committee member: _____ Affiliation: _____

FAILURE TO ANSWER ALL QUESTIONS AND PROVIDE ATTACHMENTS AS REQUESTED MAY RESULT IN DISQUALIFICATION OF GRANT PROPOSAL

Signature of organization /agency representative

Date

Title of organization/agency representative