

PREVENTION FUND GRANT APPLICATION

Form 1.3.1. (1.2021)

State of California

California Department of Food and Agriculture

Office of Grants Administration

**Prevention of Animal Homelessness and Cruelty
Voluntary Tax Contribution Fund Grant Application**

APPLICANT INFORMATION	
Applicant Organization Name:	
Contact Name:	Title:
Email Address:	Phone Number:
Address:	City, State, Zip:

APPLICATION QUESTIONNAIRE

1. Select the applicant organization type:

City Animal Shelter

County Animal Shelter

City Animal Control Agency

County Animal Control Agency

Prevention of Animal Cruelty Affiliate*

Local Public Agency/Agencies served:

Humane Society Affiliate*

Local Public Agency/Agencies served:

**Note: A society for the prevention of cruelty to animals affiliate or a humane society affiliate must be under contract to provide all animal control services for a local public agency to receive funds. Additionally, a society for the prevention of cruelty to animals affiliate or a humane society affiliate shall be a California corporation, duly incorporated in the State of California, in active status, as described on the business search page of the Secretary of State's Internet website, and exempt from federal income taxation as an organization described in Section 501(c)(3) of the Internal Revenue Code.*

2. Select how many dogs and/or cats the applicant processes annually.

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3. Does applicant currently offer an existing low cost or free spay-neuter service for dogs and/or cats owned by individual members of the public? Yes No

If yes, briefly describe the applicants existing spay-neuter program. Include historical information, statistics, etc.

4. If awarded funds, specify the total of additional animals (dogs and cats) the applicant anticipates processing?

(Provide a combined total using a whole number. Ranges will not be accepted.)

5. Describe how grant funds will be used to implement the spay-neuter program.

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CERTIFICATION AND AUTHORIZATION

By checking this box, the authorized signer certifies that the applicant is current on 2019 reporting requirements with the California Department of Public Health, Veterinary Public Health Division Section.

By checking this box, the authorized signer certifies that the applicant offers an existing low cost or free spay-neuter service for dogs and cats owned by individual members of the public.

By checking this box, the authorized signer certifies that any funds awarded will be used to create an additional funding source for spay and neuter services and programs, not replace other funding sources for spay-neuter services/programs.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____