



**California Department of Food and Agriculture  
2018 Animal Homelessness and Cruelty Fund  
Grant Application**

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<b>APPLICANT INFORMATION</b>	
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Applicant Organization Name:	
Contact Name:	Title:
Email Address:	Phone Number:
Address:	City, State, Zip Code:

<b>APPLICATION QUESTIONNAIRE</b>
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1. Using the drop-down menu, select the organization type that best describes the applicant.

If selected "Other", please explain.

2. Select how many dogs and/or cats the applicant processes annually?
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, specify how many additional dogs and cats the applicant anticipates processing? Provide a combined total using a whole number. Ranges will not be accepted.



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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 2017 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: \_\_\_\_\_