

**PET LOVER’S GRANT COVER SHEET**

Form 1.4.1 (12.2019)

State of California

Department of Food and Agriculture

Office of Grants Administration

**SECTION I: APPLICANT DETAILS**

*Legal Name*

*Address* *City, State, Zip Code*

*Phone Number* *Website*

Select the organization type that correctly reflects the nature of the applicant organization:

City, County, or Tribal Agency

Non-profit Agency Holding Municipal Contracts

Non-profit Agency (Only eligible where municipal spay/neuter services are NOT provided)

Other: \_\_\_\_\_

**SECTION II: PROJECT MANAGEMENT**

*Name* *Title*

*Phone Number* *Email Address*

*Name* *Title*

*Phone Number* *Email Address*

**SECTION III: PROPOSAL SUMMARY**

**Briefly describe the project for which you are requesting funds:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Grant Funds Requested:** \$ \_\_\_\_\_

*\*must match funds requested on budget narrative.*

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**Funding Categories:** *Select all that apply*

In-House Spay/Neuter Services for Publicly Owned Animals

Mobile Spay/Neuter Clinic for Publicly Owned Animals

Voucher Program for Shelter Animals (Adopters receive a voucher to be used to spay/neuter their newly adopted pet)

Voucher Program for Owned Animals (Redeemable at participating veterinarians)

Feral Cat/TNR Program

**SECTION IV: AUTHORIZATION**

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

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_