# Project Title:

Provide a clear and concise project title.

Click here to enter text.

# Project Description:

Summarize the project for which you are requesting funds. Summary should not to exceed 200 words.

Click here to enter text.

# Project Purpose:

Identify the specific issue, problem, or need that the project will address, and explain why the project is important.

All of the following must be addressed:

1. State the specific issue, problem or need.

Click here to enter text.

1. Clearly outline the need for spay/neuter services in your community and how the project will impact the overall number of spay/neuter surgeries in your community.

Click here to enter text.

1. If the project will administer a voucher program, please explain how it will be administered and who will be eligible.

Click here to enter text.

1. Describe any other low-cost or free spay/neuter services available to the community within your service area. Explain how your program will supplement the already existing programs, if applicable.

Click here to enter text.

# Funding Sources:

Indicate if the proposal has been submitted to or funded by another state or federal grant program.

Select an answer.

If the proposal has been or will be submitted to or funded by another state or federal grant program other than the Pet Lover’s License Plate Program, please address the following:

1. Identify the state or federal grant program and the agency administering the program.

Click here to enter text.

1. State the amount of grant funds requested or awarded by the program.

Click here to enter text.

# Project Awareness:

Describe what efforts will be made to promote the project and raise awareness for spay/neuter in the community:

Click here to enter text.

# Work Plan:

Fill out the provided timeline to describe the activities necessary to accomplish project objectives. Include the name and/or title of the person(s) responsible for preforming the activity as well as beginning and end dates (mm/yy) for accomplishing each activity.

*Only grant-funded activities occurring during the timeframe of the proposed project should be included. \*You may add rows as needed*

|  |  |  |
| --- | --- | --- |
| **Project Activity** | **Performed by** | **Timeline****(mm/yy-mm/yy)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Evaluation and Performance Monitoring Plan:

Describe what the project is expected to accomplish and how it will be evaluated while in progress and upon conclusion. The following must be addressed:

1. Describe the evaluation methods (surveys, meetings, etc.).

Click here to enter text.

1. Identify the individual(s) who will be collecting and analyzing the data.

Click here to enter text.

1. State when the evaluation will take place (timeframe).

Click here to enter text.

1. Explain how the data gathered will be used to correct deficiencies and/or improve performance.

Click here to enter text.

# Project Oversight:

Describe the oversight practices that provide sufficient knowledge of all program activities to ensure proper and efficient administration of the project.

1. Identify the Project Director and Co-Project Director;

Click here to enter text.

1. List oversight practices and activities.

Click here to enter text.

Indicate which of the following services are provided by your organization
(check all that apply):

[ ]  Municipal Animal Control

[ ]  Unlimited intake (open admission) facility

[ ]  Limited intake facility

[ ]  Spay/Neuter Services provided in‐house

[ ]  Spay/Neuter Services (provided through vouchers or agreements with other clinics)

[ ]  Feral Cat/TNR Program

[ ]  Other Please explain.

Which of the following species are serviced by your organization? (Check all that apply)

[ ]  Dogs

[ ]  Cats

[ ]  Rabbits

[ ]  Other Please explain.

If you currently offer spay/neuter services, please answer the questions below. If not, please explain why and then skip to the section titled “Community Information” below.

Click here to enter text.

How long have you been offering spay/neuter services?

Click here to enter text.

For which groups of animals have you been offering spay/neuter services?

[ ]  Homeless/Shelter Cats

[ ]  Homeless/Shelter Dogs

[ ]  Rabbits/Other Small Pets

[ ]  Owned Cats

[ ]  Owned Dogs

[ ]  Feral/Community Cats

[ ]  Other Please explain.

If you have a feral cat program, do you practice trap/neuter/return? Do you ever put feral cats up for adoption? Provide explanation:

Click here to enter text.

How are funds currently raised for your spay/neuter program?

Click here to enter text.

What percentage of the applicant organization’s budget is currently spent on spay/neuter services?

Click here to enter text.

# Community Information:

## **Human Population Information**

*(Population data available via www.census.gov if not known)*

Name of municipalities included in service area:

Click here to enter text.

Total human population within service area:

Click here to enter text.

Percent of residents living below poverty level within service area:

Click here to enter text.

## **Animal Population Information**

Estimated number of pet dogs in target area (human population divided by 4):

Click here to enter text.

Estimated number of pet cats in target area (human population divided by 3.3):

Click here to enter text.

Estimated number of free‐roaming cats in target area (human population divided by 6):

Click here to enter text.

# Statistical Overview

Provide the following for the past two calendar years:

1. Number of animals entering facility (Not including DOA):

|  |  |  |
| --- | --- | --- |
|  | **Recent Year** | **Prior Year** |
| Dogs |  |  |
| Cats |  |  |
| Rabbits |  |  |

1. Number of adopted/transferred/RTO:

|  |  |  |
| --- | --- | --- |
|  | **Recent Year** | **Prior Year** |
| Dogs |  |  |
| Cats |  |  |
| Rabbits |  |  |

1. Number of animals euthanized:

|  |  |  |
| --- | --- | --- |
|  | **Recent Year** | **Prior Year** |
| Dogs |  |  |
| Cats |  |  |
| Rabbits |  |  |

1. What is your live release rate?

*Use the formula:
(Adoptions + Transfers + RTO (****B above****)) / (Total Live Intake (****A******above****)*

|  |  |  |
| --- | --- | --- |
|  | **Recent Year** | **Prior Year** |
| Dogs |  |  |
| Cats |  |  |
| Rabbits |  |  |

1. ***If applicable, please provide:***

Number of publicly‐owned animals spayed or neutered:

|  |  |  |
| --- | --- | --- |
|  | **Recent Year** | **Prior Year** |
| **In-House** |  |  |
| Dogs |  |  |
| Cats |  |  |
| Rabbits |  |  |
| **Outsourced** |  |  |
| Dogs |  |  |
| Cats |  |  |
| Rabbits |  |  |

# Budget Narrative:

|  |  |
| --- | --- |
| **Total Amount of Pet Lover’s Funds Requested** | $ |

All expenses described in this budget narrative must be associated with expenses that will be covered by Pet Lover’s funds. Complete the tables provided below by filling in the requested information, including a brief description/justification of costs requested. Applicants may *add or remove rows as needed*.

***Please note: Grant funds cannot be used to cover provider overhead costs.***

|  |
| --- |
| **COSTS FOR SPAY AND NEUTER SERVICES** |

In the table below, describe the spay/neuter services provided by the applicant and/or any contractors. For each type of service, provide:

* The description/nature of the service (e.g. Dogs spayed, feral cats neutered, etc.).
* The cost per service.
* The number of spay/neuter services to be provided.
* When the services will occur.
* The total amount of funds requested for each spay/neuter service.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Spay/Neuter Service Description**  | **Cost** **per Unit** | **Number** **of Units** | **Occurring When?** | **Funds Requested** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  | **Supplies Subtotal:** |  |  |  |  |

(add additional rows if needed)

**Spay/Neuter Service Justification:** For each item listed in the table above, provide a brief summary of service to be provided, including whether the service will be provided by the applicant or a contractor and identify the project activities from the Work Plan associated with each service.

**Spay/Neuter Service 1:**

**Spay/Neuter Service 2:**

|  |
| --- |
| **OTHER COST TO SUPPORT SPAY/NEUTER SERVICES** |

In the table below, list any expenses not covered in the previous budget category. Expenses in this section may include, but are not limited to, costs associated with vouchers, communications, advertisements, publication costs, and data collection. For each project related expense listed under other, provide:

* A detailed description of the type of expense.
* The cost per unit.
* The number of units to be purchased.
* When the expense will be incurred.
* The total amount of funds requested.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Cost** **per Unit** | **Number** **of Units** | **Acquire When?** | **Funds Requested** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  | **Other Subtotal:** |  |  |  |  |

(add additional rows if needed)

**Other Cost Justification:** For each item listed in the table above, describe why the costs is necessary for the completion of the project’s objectives and outcomes and identify the project activities from the Work Plan associated with each item.

**Other Cost 1:**

**Other Cost 2:**