**Section I: Applicant Details**

**Legal Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**Website:** Click or tap here to enter text.

**Veterinary Medical Board License Number:** Click or tap here to enter text.

**Licensed Veterinarian Name:** Click or tap here to enter text.

**Licensed Veterinarian License Number:** Click or tap here to enter text.

*Organizations that are not licensed by the Veterinary Medical Board are not eligible for the Pet Lover’s License Plate Grant Program. Municipalities that are not licensed and contract spay/neuter services to a licensed organization should consider applying to the Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund. Additional information is available on the* [*CDFA Spay/Neuter website*](http://www.cdfa.ca.gov/SpayNeuter/)*.*

**Organization Type:**

[ ]  **California City, County, or City and County**

[ ]  **California Animal Care or Control Agency**

[ ]  **Nonprofit 501(c)3\***

\*Nonprofit 501(c)3 California Secretary of State Entity Number:

Click or tap here to enter text.

\*Most recent Statement of Information filing date:

Click or tap here to enter text.

**Section II: Project Management**

**Project Manager:**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.

**Additional Authorized Contact:**

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.

**Section III: Proposal SUMMARY**

**Funds Requested:** Click or tap here to enter text.

*Funds requested must be between $25,000 and $50,000 and must match the funds requested on the budget narrative.*

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

Click or tap here to enter text.

**Section IV: Authorization**

**Authorized Individual Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.