California Department of Food and Agriculture
2014 Municipal Shelter Spay-Neuter Fund
Application

Applications will be reviewed on a first-come, first-serve basis and must be submitted as an email attachment to grants@cdfa.ca.gov.

APPLICANT INFORMATION

Organization: _____ Phone No: _____
Contact: _____ Email: _____
Address: _____ City: _____ State: ____ Zip Code: _____

1. Is the applicant current on 2013 reporting requirements with the California Department of Public Health, Veterinary Public Health Division Section? ☐ Yes ☐ No

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

3. How many dogs and cats does the applicant processes annually?
   ☐ Fewer than 5,000 dogs and cats
   ☐ 5,000 - 25,000 dogs and cats
   ☐ More than 25,000 dogs and cats

4. Briefly describe the applicant's existing spay-neuter program. Include historical information, statistics, etc.