

**PET LOVER’S GRANT COVER SHEET**

Form 1.4.1 (11.2020)

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*

*Veterinary Medical Board License Number* *Expiration Date*

*Licensed Manager Name* *Licensed Manager License Number*

*Note: organizations that are not licensed by the Veterinary Medical Board are not eligible to apply 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](#).*

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*

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**SECTION III: PROPOSAL SUMMARY**

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

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

*\*must be between \$5,000 - \$50,00 and match funds requested on budget narrative.*

**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: \_\_\_\_\_