# Section 1: General Information

## Applicant Organization

Enter the legal organization name, mailing address, phone number, and website.

|  |  |
| --- | --- |
| **Name of Organization:** | Click here to enter text. |
| **Address:**  | Click here to enter text. |
| **Phone Number:** | Click here to enter text. |

## Organization Type

Select the organization type that correctly reflects the nature of the applicant organization. If applicant organization is a non-profit 501(c)(3), provide the California Secretary of State Entity Number, as well as the date of the most recent Statement of Information filing.

[ ]  California city, county, or city and county animal control facility that provides spay and neuter services to the public.

[ ]  A California non-profit 501(c)(3) organization holding a municipal contract for animal control services.

* California Secretary of State Entity Number:

 Click here to enter text.

* Most recent Statement of Information filing date:

 Click here to enter text.

[ ]  A California non-profit 501(c)(3) organization that offers low-cost or no-cost spay and neuter services.

* California Secretary of State Entity Number:

 Click here to enter text.

* Most recent Statement of Information filing date:

 Click here to enter text.

## California Senate and Assembly Districts

Using the drop-down menus, select the [California legislative districts](https://gis.data.ca.gov/maps/cabaddc34c854421b38b8a9239315d9b/about) where the applicant and project are located. If the project covers multiple locations, select "Statewide."

|  |  |
| --- | --- |
| **California Senate District:** | Choose an item |
| **California Assembly District:** | Choose an item |

## Taxpayer Identification Number:

Enter the applicant's 9-digit taxpayer identification number in the format 12-1234567.

Click here to enter text.

## Licensing Information

Applicants must be licensed and in good standing with the California Veterinary Medical Board (VMB). Enter the licensing information for both the facility and the licensee manager.

|  |  |
| --- | --- |
| **Veterinary Facility VMB License Number:** | Click here to enter text. |
| **Licensee Manager Name:** | Click here to enter text. |
| **Licensee Manager VMB License Number:** | Click here to enter text. |

## Authorized Representative and Secondary Contact

Enter contact information for the Project Manager.

|  |  |
| --- | --- |
| **Name and Title:** | Click here to enter text. |
| **Phone Number:** | Click here to enter text. |
| **Email:** | Click here to enter text. |

Enter contact information for a Secondary Contact.

|  |  |
| --- | --- |
| **Name and Title:** | Click here to enter text. |
| **Phone Number:** | Click here to enter text. |
| **Email:** | Click here to enter text. |

## Total Amount of Grant Funds Requested

**Total Amount of Funds Requested: $** Click here to enter text.

*\*Funds requested must be between $25,000 and $50,000 and must match the amount requested on the Budget Narrative.*

## Funding Categories

Using the checkboxes, select the most appropriate funding category (check 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 2: Proposal

### Project Title:

Provide a clear and concise project title in 15 words or less.

Click here to enter text.

### Project Description:

Summarize the project for which you are requesting funds. The summary should not exceed 200 words, and should concisely describe the need, goals, outcomes, and plan for evaluating and measuring the success of the project.

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 service 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.

### Prior Year Pet Lover’s License Plate Project:

Indicate if the project builds upon a previously funded grant.

Choose an item.

If yes, provide the CDFA agreement number(s), and explain how the new project differs from, complements, or builds upon previous work.

Click here to enter text.

### Other Funding Sources:

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

Choose an item.

If the proposal has been or will be submitted to or funded by another state or federal grant program, all of the following must be addressed:

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 service in the community and to promote awareness of the Pet Lover’s Spay and Neuter Grant Program through the purchase and renewal of the Pet Lover’s specialized license plate.

Click here to enter text.

### Project Work Plan:

Fill out the provided timeline to describe the activities necessary to accomplish the project objectives.

*Project Activity:* Describe the project activities and tasks that are necessary to accomplish project objectives.

*Performed By:* Identify the name and/or title of the person(s) responsible for performing the project activity.

*Timeline:* Provide the estimated beginning and end dates (formatted MON YYYY; e.g., Jul 2025, or Jul 2025 – Aug 2025) for when each activity will be accomplished.

*Only include grant-funded activities occurring within the grant period.*

*\*Applicants may add or remove rows as needed.*

| **Project Activity** | **Performed By** | **Timeline (Mon YYYY)** |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### 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.
2. Identify the individual(s) who will be collecting and analyzing the data.
Click here to enter text.
3. State when the evaluation will take place (timeframe).
Click here to enter text.
4. Explain how the data gathered will be used to correct deficiencies and/or improve performance.
Click here to enter text.

# Section 3: Budget Narrative

|  |  |
| --- | --- |
| **Total Amount of Grant Funds Requested** | $ Click here to enter text. |

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

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

#### A. Personnel (Salary and Wages)

In the table below, list the employees whose time and effort can be specifically identified and easily and accurately traced to project activities.

For each employee, provide:

* The individual's name. If not yet known, enter “To Be Determined” or “TBD.”
* The title (e.g. Director) or role on the project (e.g., Project Manager).
* The level of effort on the project. For hourly employees, provide the number of hours to be worked over the entire grant duration. For salaried employees, provide the percent full time equivalent (% FTE).
* The total amount of funds requested for the individual.

**IMPORTANT: All individuals listed under category A. Personnel must be listed in the Project Work Plan.**

| **#** | **Name/Title** | **Level of Effort**(# of hours or % FTE) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
|  |  | **Personnel Subtotal** |  |

**Personnel Justification:** For each individual listed in the table above, provide a brief summary of their duties and identify the project activities from the Work Plan that they will be responsible for completing.

**Employee 1:** Click here to enter text.

**Employee 2:** Click here to enter text.

**Employee 3:** Click here to enter text.

#### B. Fringe Benefits

In the table below, provide the fringe benefit rate for each employee that will be paid with grant funds. Fringe benefits are calculated as a percentage of an individual’s Personnel and should be determined according to the organization’s established fringe benefits policy.

For each employee, provide:

* The individual's name. If not yet known, enter “To Be Determined” or “TBD.”
* The title (e.g. Director) or role on the project (e.g., Project Manager).
* The fringe benefit rate.
* The total amount of funds requested for the individual.

| **#** | **Name/Title** | **Fringe Benefit Rate**(% of salary or wages) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
|  |  | **Fringe Subtotal** |  |

#### C. Travel

In the table below, describe all travel in support of Spay and Neuter project activities. Travel costs are limited to established state government per diem rates issued by the California Department of Human Resources ([travel within California](http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx)) and standard mileage rates set by the U.S. Internal Revenue Service (<https://www.irs.gov/tax-professionals/standard-mileage-rates>).

For each trip, provide:

* The trip destination (city or county, and state).
* The type of travel expense incurred (e.g., mileage, fuel, etc.).
* The unit of measure for each expense (e.g., miles, gallons, etc.).
* The number of units for each expense (e.g., 250 miles, 10 gallons, etc.).
* The cost per unit for each expense (e.g., $0.67 per mile, $5.00 per gallon, etc.).
* The number of individuals claiming each expense.
* The total funds requested.

| **#** | **Trip Destination** | **Type of** **Expense** | **Unit of Measure** | **Number of Units** | **Costper Unit** | **Number Claiming Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Travel Subtotal** |  |

**Travel Justification:** For each trip listed in the table above, provide the approximate dates of travel and the purpose of the trip. Multiple trips for the same purpose may be grouped together rather than providing a separate, duplicative justification for each. All trips must tie back to the projects objectives and activities outlined in the Project Work Plan.

**Trip 1:** Click here to enter text.

**Trip 2:** Click here to enter text.

#### D. Supplies

In the table below, list the materials and supplies to be purchased with grant funds. Supplies are items costing less than $5,000 per unit. General use office supplies (paper, printer ink, pens, etc.) and facilities costs (telephone, internet, etc.) are considered indirect and should not be included.

For each supply, provide:

* The type of supply.
* The cost per unit.
* The number of units to be purchased.
* When the supply will be purchased (MM/YYYY).
* The total amount of funds requested for the supply.

| **#** | **Item Description** | **Cost Per Unit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
|  |  |  |  | **Supplies Subtotal** |  |

**Supplies Justification:** For each supply listed in the table above, provide a description of the item and a justification for how it will be used to achieve the outcomes of the project.

**Supply 1:** Click here to enter text.

**Supply 2:** Click here to enter text.

**Supply 3:** Click here to enter text.

#### E. Contractual

In the table below, provide an overview of all project-related contractual costs. Compensation for individual contractual fees should be reasonable and consistent with fees in the marketplace for similar services.

For each individual contractor that will conduct project activities and receive grant funds, provide:

* The contractor name/organization.
* The fee structure of the contractor (e.g. flat-rate, hourly rate, etc.).
* The total amount of funds requested for the contractor.

| **#** | **Contractor Name/Organization** | **Hourly Rate/****Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  | **Contractual Subtotal** |  |

**Contractual Justification:** For each contractor listed in the table above provide a short description of services and itemize categories (e.g. professional service, travel, lodging, etc.) the contractor will complete to meet the objectives and outcomes of the project.

**Contractor 1:** Click here to enter text.

**Contractor 2:** Click here to enter text.

#### F. Other

In the table below, list any expenses not covered in the previous budget categories. Expenses in this section may include, but are not limited to, registration fees to attend a professional conference, speaker/trainer fees, stipends, rental expenses, advertisements, publication costs, data collection, etc.

For each expense, provide:

* The type of expense.
* The cost per unit.
* The number of units to be purchased.
* When the expense will be incurred (MM/YYYY).
* The total funds requested.

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

**Other Justification:** For each expense listed above, provide a description of the expense and how it will be used to meet the objectives and outcomes of the project.

**Expense 1:** Click here to enter text.

**Expense 2:** Click here to enter text.