|  |  |  |
| --- | --- | --- |
| **Grant Agreement Number:**  Click here to enter text. | **Project Title:**  Click here to enter text. | |
| **Grant Recipient:**  Click here to enter text. | **Project Duration:**  Click here to enter text. | **Date Submitted:**  Click here to enter text. |
| **Recipient Contact:**  Click here to enter text. | **Telephone:**  Click here to enter text. | **Email:**  Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Grant**  **Award Amount** | **Total**  **Amount Invoiced** | **Remaining**  **Grant Balance** |
| **$** Click here to enter text. | **$** Click here to enter text. | **$** Click here to enter text. |

**Project Purpose:**

1. **Describe the objectives and purpose of the project and explain how the project helped reduce pet overpopulation by providing no/low-cost spay/neuter services.**

Click here to enter text.

**Project Impact:**

1. **Enter the number of animals spayed/neutered as a result of project activities.**
   1. **Dogs Spayed** Click here to enter text.
   2. **Dogs Neutered** Click here to enter text.
   3. **Cats Spayed** Click here to enter text.
   4. **Cats Neutered** Click here to enter text.
2. **Identify the project beneficiaries and describe how they benefited from project activities.**

Click here to enter text.

**Lessons Learned:**

1. **Describe any lessons learned from the challenges, results, and successes of the project.**

Click here to enter text.

**Additional Information:**

1. **Please provide any additional information that would be valuable to the program including links, success stories, or images of project activities that the California Department of Food and Agriculture can share on the Spay/Neuter website or through social media.**

Click here to enter text or attach additional documents.