



2023/2024 Application Cover Sheet Checklist

Organization: _____

County of Project: _____

Amount Request (to be expended by August 15, 2024): \$ _____

Surgeries to be completed (based on this request): _____

Project Request (one per application):

- Public Pets (Domesticated) Spay/Neuter Program
- Free Roaming Cat (Feral Cat) Spay/Neuter Program
- Sheltered Pets Spay/Neuter Program (please check one)
 - Government/Tribal
 - Nonprofit animal welfare organization – With shelter
 - Nonprofit animal welfare organization – Foster based

Enclosures: Please Check Box if Included

- Completed Application – Sec. I - V
- Signed letter from the executive or Board Member in charge of the organization's project.
- Letter from the executive guaranteeing the funds will be used ONLY for the purpose requested.
- Statement with project coordinator name, phone number and email address to be published to the website.
- Signed letter by the executive confirming that all veterinarians are licensed in the State of Arizona.
- Statement verifying that all cats will be ear tipped (TNR ONLY).
- Copy of organization's 501(c)(3) determination letter, if nonprofit.
- Profit and loss (P&L) statement for non-profits OR animal care and control's section of budget.
- Included is one original packet of everything and three copies; four packets total, per project request. **Each grant request must be applied for individually.**

For administrative use only: Score _____

Arizona Companion Animal Spay and Neuter Committee

Application for Funding – 2023/2024 Grant Year

Section I. Contact Information

Name of Organization: _____

Address: _____

County: _____ Email address: _____

Phone: _____ Fax: _____

Project Leader Information: (This information will be listed on our website.)

Name: _____ Phone: _____

Title: _____ Fax: _____

Email address: _____

Section II. Community Information

Feel free to use a separate piece of paper for this but properly label each section.

A. City/County/Region you serve _____

B. Describe the community you serve, including geographical and socioeconomic details, including other s/n resources available to your target population. (200 word limit)

C. Estimated number of homeless animals in your community that enter government animal control agencies or other animal welfare organizations, in your area, per year: _____

Section III. General Organization Information

A. Check all information that accurately describes your organization:

___ Government Agency

___ Private, nonprofit organization with 501(c)(3) status no government contract

___ Private, nonprofit organization with 501(c)(3) status, with government contract

___ None of the above (Please explain) _____

Arizona Companion Animal Spay and Neuter Committee

Section III. General Organization Information – Continued

B. Describe your organization. Please check all that apply:

- ___ Open Admission Shelter (government/tribal)
- ___ Spay/Neuter (including TNR) organization only
- ___ Rescue only organization – with Shelter or Foster-based (circle one)
- ___ Other (Please Explain) _____

C. What is your organization’s mission?

D. Number of employees _____ and Volunteers _____

E. Is your organization available for onsite visits and inspections from the public and this committee? Please give your hours of operations.

Y ___ N ___ (Please explain Why) _____

F. Please provide operating budget for the current fiscal year: \$_____ (If you are a government agency, please only include your budget for animal control.)

G. Please provide annual statistics for your organization. Complete the following information below.

Please specify which performance statistic you are using. Last 12 months
 Calendar year
 Fiscal year: Dates _____

Annual Statistics	Dogs	Cats	Total
Animal Intake			
Adoptions			
Returned to Owner			
Transferred Out (Rescue)			

By submitting this application to AZCASNC you are allowing AZCASNC to include your data within state statistics to identify the number of homeless animals in Arizona.

What is your Live Release Rate? _____

To calculate your live release rate please follow this formula: Total Adoptions + Total Transfers (this includes rescue or otherwise) + total returned to owners divided by your Total Outcomes. Please exclude owner/guardian requested euthanasia and dog/cats that died or were lost in shelter/care. Live Release rate is given in percentage form.

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Section III - G. Please provide annual statistics for your organization. – continued

Please use the same dates as indicated on page2 – Last 12 months, Calendar or Fiscal year.

Sterilizations	Dogs	Cats	Total
Public			
Free-Roaming			
Sheltered			
Total			

H. If recipient of 2022/2023 grant (distributed in Dec 22/Jan 23) – please provide results or N/A

- Public – Grant amount received \$_____ Grant amount spent \$_____

Animals sterilized: Dogs_____ Cats_____
- Free Roaming (Feral) Cats – Grant amount received \$_____ Grant amount spent \$_____

Cats sterilized: _____
- Sheltered/Non-Profit – Grant amount received \$_____ Grant amount spent \$_____

Animals sterilized: Dogs_____ Cats_____

Section IV. Description of Project

The project you are seeking funding for is: ___ New ___ Existing

Target Animal Population and Funding Request Amount

You MUST have separate applications for each of the below projects you are applying for.
Failure to do so will result in your application being disqualified.

Target Animal Population Type	Grant Request Amount	Total No. of animals to be served by grant
___ Public (domesticated) Spay/Neuter Program	\$	
___ Free Roaming Cat (Feral Cat) TNR Program	\$	
___ Sheltered Pets Spay/Neuter Program <ul style="list-style-type: none"> ○ Government/Tribal ○ Nonprofit Animal Welfare Organization <ul style="list-style-type: none"> ○ With shelter ○ Foster based 	\$	

Average Cost per Surgery - For This Project	Dog	Cat
Male	\$	\$
Female	\$	\$

Arizona Companion Animal Spay and Neuter Committee

Section IV. Description of Project – Continued

Please note: Funds are designated for sterilization costs only. Purchase of equipment, vaccinations, travel benefits, or other ancillary costs will be at applicant's expense. Additionally, the committee is very aware of the benefits of spaying and neutering animals and the corresponding statistics- Please use the next section to describe how YOUR project will work. Details are helpful!

Describe the project for which you are requesting funding-

For this part of the application, please follow these guidelines:

- **Use a separate sheet of paper to Describe the project (A) including answers for B – F.**
- **DO NOT exceed two 8 ½ X 11 single spaced typewritten pages with font either Arial or New Time Roman, 12 point size, and one inch margins.** (69 points possible)

Example: Incorporate detailed answers for B – F into the description of your project (A) or write the Descriptions of your project (A) followed by detailed answers for B – F.

- A. Describe the project – provide a detailed description of your organization's project (35pts)
- B. Describe the segment of population to be served by this project (animal AND human) (3 points)
- C. Describe how the project will be promoted **to the targeted population** listed above in A (3 points)
- D. Describe how the program will be administered (i.e., what are the organization's responsibilities, what are the owner/caregiver's responsibilities, how will the animals served by this grant be assisted) (14 points)
- E. Describe how project results will be tracked (5 points)
- F. Describe how you will raise awareness in the community regarding: (6 points)
 - Spaying and Neutering
 - The Arizona Pet Friendly License Plate
 - AZ Tax Return Donations
 - i. Please provide a visual example if available- image/screenshot from website, copy from literature, messaging content or other. (3 points)

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Section V. Enclosures

The following enclosures **MUST** accompany your application to be considered; failure to provide any of the documents below will result in immediate disqualification.

- Enclosures 1, 2, 3, 4 and 5 can be listed on one enclosure, *signed*, by the executive in charge.

1. A signed letter listing the organization and the following leadership, if applicable; Executive director/CEO/president, executive overseeing the project, list of Board of Directors and other volunteer organizational leadership.
2. A letter from the executive **guaranteeing** the funds will be used specifically for the purpose requested, including the approximate number of animals to be served.
3. Project coordinator name, phone number and email address to be published on the website.
4. A letter signed by the executive in charge that all veterinarians working on the project have and maintain a current State of Arizona Veterinary License throughout the project.
5. If you are applying for free roaming (feral) cat program funds, include a statement verifying that the cats will be ear tipped and given a rabies vaccine; rabies vaccine is at applicants expense and will only be required per applicants county ordinance for project location and/or applicants organization requirements.
6. A copy of the organizations 501(c)(3) determination letter, if you are a nonprofit.
7. An end of year profit and loss (P&L) statement for nonprofit organizations. Government agencies must provide a portion of their budget that states what their organization has allocated to animal control/shelter services. Only submit the line item for Animal Care and Control/sheltering services and/or department budget. **Please do not include City or Countywide financials.**

Very Important! *When submitting your application-*

Please send four (4) **COMPLETE** packets for **EACH** project request (original and 3 copies). **EACH** packet must contain the application and all enclosures identified.

Must be postmarked by August 31, 2023 to the following address:

Arizona Companion Animal Spay and Neuter Committee
c/o Annette Lagunas, Chairman
4050 S Ave 4 ½ E
Yuma AZ, 85365