2026/2027
Application Cover Sheet Checklist

Organization: _____

County of Project: _____

Amount of Request (to be expended by August 15, 2027): $_____

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 Agency
  - 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 on 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.
- ☐ Operations Budget for non-profits OR animal care and control's section of budget for government agencies.
- ☐ 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

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 section, however, 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

____ Tribal 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? Y ___ Please, provide your hours of operation_____

N ___ Please, explain why not - _____

F. Please provide operating budget total 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.

G1. Please specify which performance statistic you are using. ☐ Last 12 months
☐ Calendar year
☐ Fiscal year: Dates_____

G2.

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.

G3. 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.

Arizona Companion Animal Spay and Neuter Committee

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

Please use the same dates as indicated on page 2 – Last 12 months, Calendar or Fiscal year.

G4.

Sterilizations	**Dogs**	**Cats**	**Total**
Public			
Free-Roaming			
Sheltered			
Total			

H. If recipient of a 2025/2026 grant – 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 o Government/Tribal Agency o Nonprofit Animal Welfare Organization o With shelter o 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- 60 points possible

This description should be written as if you are explaining your program to both a participant and a funder – What is your program; How does this work, and how are you tracking spent dollars?

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

- **Use a separate sheet of paper**
- **DO NOT exceed two 8 ½ X 11 single-spaced typewritten pages with font either Arial or Times New Roman, 12-point size, and one-inch margins.**

A. Please provide an overall step-by-step description of: What your program is about; how you are distributing assistance; who you seek to serve and assist; what is your portion/what is the participant's portion; and how you are tracking/accounting for these dollars.

   The following topics must be addressed within the description and not individually answered.
   - Administration of this program (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)
   - What is the segment of population to be served (both human and animal)
   - How will you promote to the targeted population you are assisting?
   - How will your program results and grant funds be tracked?

B. Describe how you will raise awareness in the community regarding:
   a) Spaying and Neutering
   b) The Arizona Pet Friendly License Plate
   c) AZ Tax Return Donations
   d) Please provide a visual example (image/screenshot) from your website, copy of your literature/pamphlet, messaging content, or other.

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SECTION V. ENCLOSURES

The following enclosures MUST accompany your application; failure to provide the required enclosures will result in a deduction of points from your final application score. *Up to 25 points may be deducted.*

- 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 stating 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; the rabies vaccine is at applicant's expense and will only be required per the applicant's county ordinance for project location and/or the applicant's organization requirements.

6. A copy of the organization's 501(c)(3) determination letter, if you are a nonprofit.

7. An annual operating budget for nonprofit organizations. *An annual budget is a 12-month snapshot of an organization's Income and Expenses. The budget may have condensed line items of all Income and all Expenses; however, there must be more than one line item for Income and more than one line item for Expenses – Example provided on website under Funding Guidelines.* Government agencies must provide a portion of their budget that states what their agency has allocated to animal control/shelter services. **Please do not include City or Countywide financials.**

Very Important! *When submitting your application(s) -*

Please send four (4) **COMPLETE** packets for **EACH** project request (original and 3 copies). **EACH packet must contain the application and all identified enclosures**. Must be postmarked by August 31, 2026 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