



Application Cover Sheet Checklist

Organization: _____

County of Project: _____

Amount Request: _____

Project Request (one per application):

- Public (Domesticated) Spay/Neuter Program
- Free Roaming Cat (Feral Cat) Spay/Neuter Program
- Government or Nonprofit Shelter Spay/Neuter Program

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.
- 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.
- End of year balance sheet for non-profits OR animal care and control's section of budget.
- 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.
- 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 2022 Grant Year

Section I. Contact Information

Name of Organization: _____

Address: _____

County: _____

Phone: _____ Fax: _____ email address: _____

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

Name: _____

Title: _____

Phone: _____ Fax: _____ email address: _____

Section II. Community Information

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

- A. Describe the Community you serve (200 word limit)
- B. City/County/Region you serve _____
- C. Estimated number of homeless animals in your community that enter government animal control agencies or other animal welfare organizations per year: _____

Section III. General Organization Information

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

Describe your organization. Please check all that apply:

- Open Admission Shelter
- Spay/Neuter organization only
- Rescue only organization
- Other (Please Explain) _____

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) _____

What is your organization's mission?

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

Please provide annual statistics for your organization. Complete the following information below. You may use the last 12 months of performance or your most recent fiscal year.

Please specify which performance statistic you are using. Last 12 months
 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 animal 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.

Arizona Companion Animal Spay and Neuter Committee

Please provide annual statistics for your organization. – *continued*

Please use the same dates as indicated on previous page- Last 12 months or Fiscal year.

Sterilizations	Dogs	Cats	Total
Public			
Sheltered			
Free-Roaming			
Total			

Average Cost per Surgery	Dog	Cat
Male	\$	\$
Female	\$	\$

If recipient of 2020 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: _____
- Shelter/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	Funding Request Amount
___ Public (domesticated) Spay/Neuter Program	\$
___ Free Roaming Cat (Feral Cat) Spay/Neuter Program	\$
___ Government or Nonprofit Shelter Spay/Neuter Program	\$

Arizona Companion Animal Spay and Neuter Committee

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!

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

Use a separate sheet of paper to describe the project. **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. (70 points possible)

Describe the project for which you are requesting funding, including the following specifics-

- A. Describe how the program will be administered (i.e. what are the organization's responsibilities and what are the owner/caregiver's responsibilities) (15 points)
- B. Describe how project results will be tracked (10 points)
- C. Include the number of animals to be served by this project (15 points)
- D. Describe the segment of population to be served by the project (animal AND human) (10 points)
- E. Describe how the project will be promoted to the targeted population (10 points)
- F. Describe how you will raise awareness in the community regarding:
 - Spaying and Neutering
 - The Arizona Pet Friendly License Plate
 - AZ tax refund donation

Please provide a visual example if available- image/screenshot from website, copy from literature, messaging content or other. (10 points)

TOTAL POINTS 100: 70 for description of program + 30 for completeness application.

Project description	TPP	Score
A.	15	
B.	10	
C.	15	
D.	10	
E.	10	
F.	10	
Completeness of app	30	
Total	100	

For administrative use only:

Arizona Companion Animal Spay and Neuter Committee

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.

1. A signed letter stating the organization and the executive in charge of the project along with a list of Board of Directors and other volunteer organizational leadership.
2. 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.
3. 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.
4. A copy of the organizations 501(c)(3) determination letter, if you are a nonprofit.
5. An end of year balance sheet 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.**
6. A letter from the executive **guaranteeing** the funds will be used specifically for the purpose requested.
7. Project coordinator name, phone number and email address to be published on the website.

Very Important!

Please send four (4) **COMPLETE** packets of information (original and 3 copies) of all enclosures identified, for **EACH** project. Must be postmarked by August 31, 2021 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

Thank you for helping the animals across Arizona.