



# Application Cover Sheet Checklist

Organization: \_\_\_\_\_

County of Project: \_\_\_\_\_

Amount Request: \$ \_\_\_\_\_

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 – 2022 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 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

*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			
<b>Total</b>			

H. If recipient of 2021 grant (distributed in May 2022) – 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"> <li>○ Government/Tribal</li> <li>○ Nonprofit Animal Welfare Organization               <ul style="list-style-type: none"> <li>○ With shelter</li> <li>○ Foster based</li> </ul> </li> </ul>	\$	

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, including answers for A – E.**
- **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. (64 points possible)

**Example:** Incorporate detailed answers for A – E into the description of your program or write an intro paragraph describing your program followed by detailed answers for A – E.

Description of program (25pts) +

- A. Describe the segment of population to be served by this project (animal AND human) (4 points)
- B. Describe how the project will be promoted **to the targeted population** listed above in A (4 points)
- C. 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) (20 points)
- D. Describe how project results will be tracked (5 points)
- E. Describe how you will raise awareness in the community regarding:
  - Spaying and Neutering
  - The Arizona Pet Friendly License Plate
  - AZ Tax Return Donations

Please provide a visual example if available- image/screenshot from website, copy from literature, messaging content or other. (6 points)

# 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.

- 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!**

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, 2022 to the following address:

**Arizona Companion Animal Spay and Neuter Committee**  
**c/o Annette Lagunas, Chairman**  
**4050 S Ave 4 1/2 E**  
**Yuma AZ, 85365**