



STATE OF MISSOURI  
 DEPARTMENT OF AGRICULTURE  
 "I'M PET FRIENDLY"  
**SPAY/NEUTER GRANT APPLICATION**

Instructions: All sections of this application must be completed and returned to the Missouri Pet Spay/Neuter Fund. Mail to: MO Department of Agriculture, Division of Animal Health, "I'm Pet Friendly" PO Box 630, Jefferson City, MO 65102-0630.

SECTION A			
FACILITY NAME:		FACILITY PHONE NUMBER:	
PHYSICAL ADDRESS OF FACILITY:		ANIMAL CARE FACILITIES ACT LICENSE NUMBER:	
CITY:	STATE:	ZIP CODE:	COUNTY:
PROJECT CONTACT PERSON:		PROJECT CONTACT PERSON PHONE NUMBER:	
PROJECT CONTACT PERSON ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTY:
DESCRIBE YOUR AGENCY (check all that apply)			
<b>Services Provided</b> <input type="checkbox"/> Unlimited intake shelter <input type="checkbox"/> Limited intake shelter <input type="checkbox"/> Foster network <input type="checkbox"/> Animal control <input type="checkbox"/> Spay/neuter services <input type="checkbox"/> Feral cat sterilization <input type="checkbox"/> Veterinary care to public <input type="checkbox"/> Other		<b>Organization Structure</b> <input type="checkbox"/> City or County Government <input type="checkbox"/> Private nonprofit agency <input type="checkbox"/> Spay/neuter clinic <input type="checkbox"/> Veterinary association <input type="checkbox"/> Private veterinary clinic <input type="checkbox"/> Community collaboration	
SECTION B			
NAME OF ATTENDING VETERINARIAN PROVIDING SERVICE TO OPERATION:		LICENSE NUMBER OF VETERINARIAN PERFORMING SERVICES:	
ATTENDING VETERINARIAN ADDRESS:		PHONE NUMBER FOR ATTENDING VETERINARIAN:	
CITY:	STATE:	ZIP CODE:	COUNTY:
DO YOU HAVE AN EXISTING PROGRAM WITH YOUR ATTENDING VETERINARIAN THAT INCLUDES A LOWER COST OR DISCOUNTED PLAN? IF SO, WHAT ARE THE ARRANGEMENTS AND COSTS?			

**SECTION C**

TYPE OF ENTITY:      Nonprofit Organization 501(C)(3)              Governmental Agency

**SECTION D**

WHAT COUNTY(IES) DOES YOUR SPAY/NEUTER PROGRAM COVER AND WHAT IS THE POPULATION OF EACH OF THOSE COUNTY(IES)?

	County	Population	County	Population	

**SECTION E**

WHAT IS THE AVERAGE COST PER PROCEUDURE FOR THE PROGRAM FOR WHICH THE GRANT IS REQUESTED?

**SECTION F**

WHAT IS THE TARGET POPULATION (E.G. LOW INCOME, INDIGENT, ELDERLY, SHELTER ANIMALS, ETC.) INTENDED TO BE SERVED BY THE PROGRAM FUNDED BY THIS GRANT?

**SECTION G**

WHAT CRITERIA DOES YOUR ORGANIZATION USE IN DETERMINING FINANCIAL NEED OF INDIVIDUALS?

**SECTION H**

DESCRIBE AND QUANTIFY, TO THE EXTENT POSSIBLE, THE PET OVERPOPULATION PROBLEM IN YOUR COMMUNITY USING YOUR AGENCY'S DATA AND ANY OTHER MEANINGFUL ESTIMATES.

**SECTION I**

**FOR YOUR ORGANIZATION, IN THE LAST COMPLETED YEAR:**

- \_\_\_\_\_ cats and \_\_\_\_\_ dogs were admitted
- \_\_\_\_\_ cats and \_\_\_\_\_ dogs were adopted
- \_\_\_\_\_ cats and \_\_\_\_\_ dogs were sterilized
- \_\_\_\_\_ cats and \_\_\_\_\_ dogs were euthanized

IF YOUR PROGRAM PERFORMS ADOPTIONS, ARE ALL ANIMALS STERILIZED BEFORE ADOPTION?  
IF NOT ALL, WHAT PERCENTAGE OF ANIMALS IS NOT CURRENTLY STERILIZED BEFORE ADOPTION?  
IF NOT ALL, HOW ARE ANIMALS SELECTED FOR STERILIZATION BEFORE ADOPTION?  
IF NOT ALL, DESCRIBE YOUR STERILIZATION POLICIES AND PROCEDURES FOR ASSURING STERILIZATION AFTER ADOPTION:

**SECTION J**

DOES YOUR ORGANIZATION CURRENTLY HAVE A SPAY/NEUTER PROGRAM?

IF SO, IS THIS FUNDING PLANNED FOR EXPANDING OR ENHANCING A PROGRAM?

HAS YOUR ORGANIZATION RECEIVED A GRANT FROM THE SPAY/NEUTER FUND IN THE PAST?

IF YES, HOW MANY SPAYS DID YOU PERFORM WITH THE GRANT?

IF YES, HOW MANY NEUTERS DID YOU PERFORM WITH THE GRANT?

**SECTION K**

HOW MANY DOGS AND/OR CATS WERE SPAYED/NEUTERED THROUGH YOUR ORGANIZATION/AGENCY DURING THE LAST YEAR?

HOW MANY SPAY (FEMALE) PROCEDURES WERE PERFORMED OVER THE PAST YEAR BY YOUR ORGANIZATION/AGENCY?

HOW MANY NEUTER (MALE) PROCEDURES WERE PERFORMED OVER THE PAST YEAR BY YOUR ORGANIZATION/AGENCY?

**SECTION L**

DOES YOUR ORGANIZATION/AGENCY SHELTER ANIMALS?      YES              NO IF

YES, WHAT ARE YOUR ADOPTION FEES?

**SECTION M**

HOW LONG HAS YOUR SPAY/NEUTER PROGRAM BEEN IN OPERATION (MONTH AND YEAR IF POSSIBLE)?

**SECTION N**

DESCRIBE THE GENERAL SOCIOECONOMIC NEED (E.G. POVERTY LEVELS, UNEMPLOYMENT, PER CAPITA INCOME, OCCUPATIONAL DATA, ETC.) OF THE COUNTIES COVERED BY YOUR SPAY/NEUTER PROGRAM.

**SECTION O**

DESCRIBE WHAT COMMUNITY COLLABORATIONS, IF ANY, EXIST AND HOW THIS GRANT WILL FOSTER THE CREATION OR EXTENSION OF THOSE COLLABORATIONS.

**SECTION P**

WHAT OTHER RESOURCES FOR SPAY/NEUTER ASSISTANCE EXIST IN YOUR COMMUNITY AND WHO ARE THEIR TARGET POPULATIONS?

**SECTION Q**

IF GRANTS FROM OTHER ORGANIZATIONS ARE ANTICIPATED, PLEASE TELL US FROM WHOM AND HOW MUCH HAS BEEN REQUESTED OR AWARDED.

**SECTION R**

EXPLAIN HOW POST-SURGICAL MONITORING AND CARE WILL BE MANAGED.

**SECTION S**

HOW WOULD A GRANT INCREASE THE NUMBER OF SPAY/NEUTER PROCEDURES IN YOUR COMMUNITY?

**SECTION T**

APPLICANTS SELECTED FOR FUNDING ARE EXPECTED TO PUBLICIZE THEIR GRANT IN SUPPORT OF THEIR SPAY/NEUTER PROGRAM VIA PRESS RELEASES, NEWSLETTERS, WEBSITE LINK, ETC. IN ADDITION, THEY ARE EXPECTED TO PROMOTE THE SALES OF LICENSE PLATES SO THAT ADDITIONAL SPAY/NEUTER GRANTS CAN BE FUNDED. PLEASE DESCRIBE YOUR PLAN TO PROMOTE THE "I'M PET FRIENDLY" LICENSE PLATE.

**SECTION U**

1. **ATTACH** – ORGANIZATIONAL STRUCTURE OF THE APPLICANT
2. **NONPROFIT ENTITIES** – PLEASE ATTACH A COPY OF THE IRS LETTER DESIGNATING YOUR ORGANIZATION AS A 501(C)(3) WITH A CURRENT LIST OF OFFICERS AND DIRECTORS. **ONLY THE IRS LETTER SHOULD BE SUBMITTED, PLEASE DO NOT SUBMIT OTHER RELATED DOCUMENTATION.**
3. **GOVERNMENTAL AGENCIES** – PLEASE ATTACH A STATEMENT OF AUTHORIZATION FROM YOUR LOCAL GOVERNING AGENCY OFFICIAL (E.G. MAYOR, COUNTY, EXECUTIVE, ETC.)
4. **ATTACH** – FINANCIAL STATEMENT (PROFIT/LOSS SUMMARY) COVERING A RECENT TWELVE (12) MONTHS OF OPERATION (THE LAST CALENDAR OR FISCAL YEAR, WHICH EVER IS MORE RECENT). FINANCIAL INFORMATION SUBMITTED MUST ALSO INCLUDE SOURCES OF INCOME, EXPENSE CATEGORIES AND END OF YEAR BALANCE. **(DO NOT SUBMIT A BUDGET STATEMENT OR FORMAL AUDIT).** GOVERNMENTAL AGENCIES MUST LIMIT THEIR FINANCIAL STATEMENT TO THE UNIT SPECIFICALLY DESIGNATED TO PROVIDE SPAY/NEUTER SERVICES (E.G. ANIMAL CONTROL) **ORGANIZATIONS NOT SUBMITTING A FINANCIAL STATEMENT WITH THEIR APPLICATION WILL NOT BE CONSIDERED FOR A GRANT**

**SECTION V**

**FAILURE TO ANSWER ALL QUESTIONS AND PROVIDE ATTACHMENTS AS REQUESTED MAY RESULT IN DISQUALIFICATION OF GRANT PROPOSAL.**

SIGNATURE OF ORGANIZATION/AGENCY REPRESENTATIVE

DATE

TITLE OF ORGANIZATION/AGENCY REPRESENTATIVE