



# Targeted Spay/Neuter Program Reference Application

## Preview Form

This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

## Contact Information

**Be sure to “Save and Proceed” at the end of every page to make sure your information is saved at each step of the application process. Please check the box to indicate the lead contact for this application. Please make sure your Executive Director is also listed below as a contact person. To add a new contact, click “Create New” at the bottom of the “Contact Information” section.**

**Salutation**  
(Text; 100 character maximum)

**Instructions:**  
•

**\*First Name**  
(Text; 40 character maximum)

**Instructions:**  
•

**\*Last Name**  
(Text; 40 character maximum)

**Instructions:**  
•

**Address**  
(Text; 100 character maximum)

**Instructions:**  
•

**City**  
(Text; 50 character maximum)

**Instructions:**  
•

**State**  
(Single-Select List)

- (Not Applicable)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands

**Instructions:**  
•



- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**Zip**

(Text; 20 character maximum)

**Instructions:**

- 

**Country**

(Single-Select List)

- (Not Applicable)
- Afghanistan
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua And Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados

**Instructions:**

-

- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia And Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Congo, The Democratic Republic of The
- Cook Islands
- Costa Rica
- Cote D'Ivoire
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Falkland Islands (Malvinas)
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern Territories
- Gabon
- Gambia
- Georgia
- Germany

- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island And Mcdonald Islands
- Holy See (Vatican City State)
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran, Islamic Republic of
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, Democratic People's Republic of
- Korea, Republic of
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Macao
- Macedonia, The Former Yugoslav Republic of
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico

- Micronesia, Federated States of
- Moldova, Republic of
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Palestinian Territory, Occupied
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn
- Poland
- Portugal
- Puerto Rico
- Qatar
- Reunion
- Romania
- Russian Federation
- Rwanda
- Saint Helena
- Saint Kitts And Nevis
- Saint Lucia
- Saint Pierre And Miquelon
- Saint Vincent And The Grenadines
- Samoa
- San Marino
- Sao Tome And Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia And The South Sandwich Islands



- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard And Jan Mayen
- Swaziland
- Sweden
- Switzerland
- Syrian Arab Republic
- Taiwan
- Tajikistan
- Tanzania, United Republic of
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad And Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks And Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Viet Nam
- Virgin Islands, British
- Virgin Islands, U.S.
- Wallis And Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe
- Åland Islands

**E-mail Address**

(Text; 100 character maximum)

**Instructions:**

- 

**Telephone**

(Text; 30 character maximum)

**Instructions:**

- Please enter telephone number in the following format: (111) 111-1111

**Cell Phone Number**

(Text; 500 character maximum)

**Instructions:**

- Please enter telephone number in the following format: (111) 111-1111

**Fax**

(Text; 30 character maximum)

**Instructions:**

- 

**Contact Type**

(Single-Select List)

- Administrative Assistant
- Executive Director
- Grant Writer

**Instructions:**

-



- Primary Contact

**Title**  
(Text; 500 character maximum)

**Instructions:**  
•

**Organization Information**

If the Organization Information below is pre-populated, please note that any changes you make to this information will change the Organization Information for all of your agency's records on file, including for previous or other pending applications.

**\*Legal Name**  
(Text; 255 character maximum)

**Instructions:**  
•

**Incorporation Date**  
(Date)

**Instructions:**  
•

**Address**  
(Text; 100 character maximum)

**Instructions:**  
• The address you provide here is where all correspondence will be sent and, for U.S. nonprofits, should match the address on your most recent form 990, 990-EZ or 990-N. If your address has changed, upload a copy of your IRS change of address form 8822 here.

**Address Line 2**  
(Text; 500 character maximum)

**Instructions:**  
•

**Form 8822**  
(File Upload; 524,288 byte limit)

**Instructions:**  
•

**City**  
(Text; 50 character maximum)

**Instructions:**  
•

**State**  
(Single-Select List)

- (Not Applicable)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
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- Guam
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**Instructions:**  
•



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- New York
- North Carolina
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- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**Zip**

(Text; 20 character maximum)

**Instructions:**

- 

**County**

(Text; 25 character maximum)

**Instructions:**

- 

**Telephone**

(Text; 30 character maximum)

**Instructions:**

- Please enter the organization's main telephone number in the following format: 111- 111-1111

**E-mail Address**

(Text; 100 character maximum)

**Instructions:**

- Please enter the organization's general e-mail address, if there is one.

**Website Address**

(Text; 100 character maximum)

**Instructions:**

- 

**Services Provided to the Public**

(Checkbox List)

- Limited in-take
- Unlimited in-take (open admission)
- Shelter Facility
- Foster network
- Animal control as government agency
- Animal control services by contract
- Adoptions
- Spay/neuter surgeries (fixed clinic or mobile)

**Instructions:**

- Check all that apply.

clinic)

- Other spay/neuter services (such as referrals or vouchers for surgeries done by others)
- Trap-neuter-return program
- Humane education
- Other
- Public
- Private Non-profit
- Un-Sheltered
- Private non-profit (city, county, gov)
- Open Admissions
- Limited Admissions
- Rescue Group
- Breed Rescue Group
- Spay/neuter or education group
- TypePrivateGovtContract
- Non Profit W AC Contract
- Municipal Tribal

**Other Services to the Public**

(Text; 500 character maximum)

**Instructions:**

- If you checked "Other" above, please explain.

**Species Aided**

(Checkbox List)

- Dog
- Cat
- Rabbit
- Equine
- Avian
- Other
- Dog and Cat (Historical Only)

**Instructions:**

- Check all that apply.

**Other Species**

(Text; 500 character maximum)

**Instructions:**

- If you checked "Other" above, please explain.

**Organization Structure**

(Checkbox List)

- Government
- Tribal
- Nonprofit (non-governmental)
- Other
- Nonprofit with government contracts
- Nonprofit pending 501 c(3) status
- Private
- Municipal

**Instructions:**

- Check the single type that represents your organization.

**Other Structure**

(Text; 500 character maximum)

**Instructions:**

- If you checked "Other" above, please explain.

**Organization Details**

**Employees**

- Full-time
- Part-time

**Instructions:**

- Indicate the number of paid employees.

**Employees Hours**

- Full-time
- Part-time

**Instructions:**

- Indicate the total average hours per week for all employees.

**For example:**

4 FTE @ 40 hours each = 160 hours (full-time)  
 2 PTE @ 18 hours each = 36 hours (part-time)  
 Total hours = 196 hours

**Volunteers**

**Instructions:**



(Text; 500 character maximum)

**Volunteers Average Hours**

(Text; 500 character maximum)

**Fiscal Year End**

(Date)

**IRS Form 990**

(Number; 15 digit maximum)

**Total Revenue reported on your last filed IRS 990 Form**

(Currency; 20 character maximum)

**Total Expenses reported on your last filed IRS 990 Form**

(Currency; 20 character maximum)

**Revenue**

(Currency; 20 character maximum)

**Expenses**

(Currency; 20 character maximum)

**Financial Deficit**

(Yes/No)

**If yes, please explain why the deficit occurred (or was planned for), as well as what - if anything - you have planned to address it.**  
(Long Paragraph)

**Current Year Financial Deficit**

(Yes/No)

**-If so, please explain why and how the deficit is being addressed.**  
(Long Paragraph)

**Other Financial Information**

(Paragraph; 2000 character maximum)

**If your organization filed a 990-EZ, please complete the following information.**

(No input required)

**Functional Expense Detail**

- Total Program Expenses
- Total Management and General Expenses
- Total Fundraising Expenses

**Net Asset Detail**

- Indicate the number of active volunteers.

**Instructions:**

- Indicate the total average hours per week for all volunteers.

**Instructions:**

- Date of most recent fiscal year end.

**Instructions:**

- Year of last filed IRS Form 990.

**Instructions:**

- Please enter numeric values only.

**Instructions:**

- Please enter numeric values only.

**Instructions:**

- For government, tribal or 501c3 organizations that do not file a 990, list your total revenue from your last fiscal year end financial statement. Please enter numeric values only.

**Instructions:**

- For government, tribal or 501c3 organizations that do not file a 990, list your total expenses from your last fiscal year end financial statement. Please enter numeric values only.

**Instructions:**

- Did your organization have a financial deficit last year?

**Instructions:**

- Please use no more than two pages.

**Instructions:**

- Does your organization anticipate a deficit for the current year?

**Instructions:**

- Please use no more than two pages.

**Instructions:**

- Is there any additional information you would like us to know about your financials (deficit, excess reserves, unusually large increase or decrease in any line item, capital campaign, etc.)?

**Instructions:**

- 

**Instructions:**

- Please note that the Total Expenses should tie to your 990-EZ line 17 or Income Statement.

**Instructions:**



- Total Unrestricted Net Assets (includes Board-designated)
- Total Restricted Net Assets (Temporary and Permanent)

- Please note that the Total Net Assets should tie to your 990EZ line 27 or Balance Sheet.

**Facility Information**

(No input required)

**Property/Facility**  
(Single-Select List)

- Own
- Rent
- N/A

**Length of Lease**  
(Text; 500 character maximum)

**Years Remaining of Lease**  
(Number; 15 digit maximum)

**Reduced Lease**  
(Paragraph; 2000 character maximum)

**Lease from Related Party**  
(Paragraph; 2000 character maximum)

**Instructions:**

- 

**Instructions:**

- Do you own or rent your property/facility?

**Instructions:**

- Please provide the length of the lease.

**Instructions:**

- How many years are remaining on this current lease?

**Instructions:**

- If you rent, do you lease at a reduced rate? If yes, please explain.

**Instructions:**

- Do you rent from a related party (Board Member, employee, business associate, etc.)? If so, please briefly describe the arrangement and lease expiration date including if you have a written memorandum of understanding.

**Previous Funder Information**

(No input required)

**Previous Grant Funding**  
(Yes/No)

**If you answered yes to Previous Grant Funding, the please indicate the five largest funders in the past five years below. (excluding PetSmart Charities)**  
(No input required)

**1) Year Funded**  
(Single-Select List)

- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

**1) Amount Awarded**  
(Currency; 20 character maximum)

**1) Previous Funder Name**  
(Text; 500 character maximum)

**2) Year Funded**  
(Single-Select List)

- 2005

**Instructions:**

- 

**Instructions:**

- Have you received any grant funding in the past five years?

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- Please enter numeric values only.

**Instructions:**

- 

**Instructions:**

-



- 2006
- 2007
- 2008
- 2009
- 2010

**2) Amount Awarded**  
(Currency; 20 character maximum)

**Instructions:**  
• Please enter numeric values only.

**2) Previous Funder Name**  
(Text; 500 character maximum)

**Instructions:**  
•

**3) Year Funded**  
(Single-Select List)

- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

**Instructions:**  
•

**3) Amount Awarded**  
(Currency; 20 character maximum)

**Instructions:**  
• Please enter numeric values only.

**3) Previous Funder Name**  
(Text; 500 character maximum)

**Instructions:**  
•

**4) Year Funded**  
(Single-Select List)

- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

**Instructions:**  
•

**4) Amount Awarded**  
(Currency; 20 character maximum)

**Instructions:**  
• Please enter numeric values only.

**4) Previous Funder Name**  
(Text; 500 character maximum)

**Instructions:**  
•

**5) Year Funded**  
(Single-Select List)

- 2005
- 2006
- 2007
- 2008
- 2009
- 2010

**Instructions:**  
•

**5) Amount Awarded**  
(Currency; 20 character maximum)

**Instructions:**  
• Please enter numeric values only.

**5) Previous Funder Name**  
(Text; 500 character maximum)

**Instructions:**  
•

**Fundraising Programs**  
(Checkbox List)

- Direct Mail
- E-mail appeals or other internet appeals
- Special events
- Membership
- Newsletter

**Instructions:**  
• Check all the approaches you currently utilize.



- Garage Sales, Bake Sales, Car/Dog Washes, E-Bay Sales
- Thrift store
- Major Donor Program
- Planned Giving (Bequests, Endowments, Estates, Property)
- Grants
- Capital Campaign
- Sale of related services and products (wellness services, pet supplies, etc.)
- In-Kind Donations (printing, dog/cat food, equipment, furnishings, etc.)
- Sponsorships (corporate, cage sponsorships, sponsor a snip, etc.)
- Other

**If Other, please explain.**  
(Text; 500 character maximum)

**Instructions:**

- 

### Organization Services

The information requested in this section helps us understand the capacity of your organization and the services being provided by animal welfare organizations.

#### Calendar Year

(Single-Select List)

- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- 2023
- 2024
- 2025

**Instructions:**

- Identify the most recently completed calendar year, for which the following data is being supplied below:

### Sheltering, Fostering & Adoptions

(No input required)

**If your organization does not break out the different types of "live exits" (adoptions, transfers, reclaimed by owner), please report all live exits under "Adoptions". If you would like to provide additional background about your statistics, please use this field.**

(Paragraph; 2000 character maximum)

**Instructions:**

- If your organization shelters or fosters animals, please provide the following information, by type of animal, for the most recently completed calendar year. If you are not engaged in these activities, you may skip ahead to the spay/neuter questions.

**Instructions:**

- 

#### Census - as of 1/1

(No input required)

**Instructions:**

- Enter the total number of live animals, by type of animal, in the shelter or foster network of your organization on January 1st for the last calendar

**Cats under care 1/1**  
(Number; 15 digit maximum)

**Dogs under care 1/1**  
(Number; 15 digit maximum)

**Equines under care 1/1**  
(Number; 15 digit maximum)

**Others under care 1/1**  
(Number; 15 digit maximum)

**Census - as of 12/31**  
(No input required)

**Cats under care 12/31**  
(Number; 15 digit maximum)

**Dogs under care 12/31**  
(Number; 15 digit maximum)

**Equines under care 12/31**  
(Number; 15 digit maximum)

**Others under care 12/31**  
(Number; 15 digit maximum)

**Total Animal In-take**  
(No input required)

**Cats taken in**  
(Number; 15 digit maximum)

**Dogs taken in**  
(Number; 15 digit maximum)

**Equines taken in**  
(Number; 15 digit maximum)

**Others taken in**  
(Number; 15 digit maximum)

**Number of Animals Adopted Out to the Public**  
(No input required)

**Cats Adopted**  
(Number; 15 digit maximum)

**Dogs Adopted**  
(Number; 15 digit maximum)

**Equines Adopted**  
(Number; 15 digit maximum)

**Others Adopted**  
(Number; 15 digit maximum)

year:

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- Enter the total number of live animals, by type of animal, in the shelter or foster network of your organization on December 31st for the last calendar year:

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- Enter the total number of live animals, by type of animal, taken in by your organization during the last calendar year. Include all forms of in-take (including, but not limited to, surrender, stray, seized, transferred in):

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- Enter the total number of each type of animal adopted out by your organization during the last calendar year:

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

-

**Number of Animals Transferred to Other Organizations**  
(No input required)

**Instructions:**

- Enter the total number of each type of animal transferred by your agency to another agency during the last calendar year:

**Cats Transferred**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs Transferred**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Equines Transferred**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Others Transferred**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Number of Animals Reclaimed by Owners**  
(No input required)

**Instructions:**

- Enter the total number of each type of animal reclaimed by owners from your agency during the last calendar year:

**Cats Reclaimed**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs Reclaimed**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Equines Reclaimed**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Others Reclaimed**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Number of Animals Euthanized**  
(No input required)

**Instructions:**

- Enter the total number of each type of animal euthanized by your agency during the last calendar year:

**Cats Euthanized**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs Euthanized**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Equines Euthanized**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Others Euthanized**  
(Number; 15 digit maximum)

**Instructions:**

- 

**Indicate whether the euthanasia data:**  
(Checkbox List)

**Instructions:**

- Does NOT include owner-requested euthanasia.
- Includes owner-requested euthanasia.
- Not applicable.

- 

**Pre-adoption Sterilization**  
(Checkbox List)

**Instructions:**

- Never released before sterilization
- Too young
- Too old
- Emaciated or ill
- Lack of funds for surgery
- Lack of kennel/foster home space
- Lack of veterinary services

- Under what circumstances are pets released for adoption before sterilization? Check all that apply.

- Other

**Other Circumstances**

(Text; 500 character maximum)

**Instructions:**

- If you checked "Other" above, please explain.

**Spay/Neuter Services**

(No input required)

**Instructions:**

- If your organization performs spay/neuter surgeries or uses outside veterinarians to do so – for either your own animals or those belonging to others – please provide the following information, by type of animal and source of surgery, for the most recently completed calendar year. If your organization is not engaged in these activities, you may skip ahead to the technology questions. "In-house" means the surgery occurred at a facility owned and operated by your organization. "Out-sourced" means the surgery occurred at a facility owned and operated by someone else. This data should include surgeries that your organization facilitates through voucher or similar aid programs. For example, a surgery done for an owned animal that was "outsourced," could have been a voucher program you administered. Please include only surgeries that were actually completed (i.e., not the number of vouchers issued, but the number of vouchers redeemed).

**If your organization does not break out the different types of surgeries done for animals belonging to others (for other organizations, private individuals and free-roaming cats), please report all surgeries done for animals belonging to others under "Animals Belonging to Other Organizations."**

(Paragraph; 2000 character maximum)

**Instructions:**

- If you would like to provide additional background about your statistics, please use this field.

**Your Own Organization's Animals**

(No input required)

**Instructions:**

- Enter the total number of your organization's animals, by type of animal and location of surgery, sterilized by your organization during the last calendar year:

**Cats In-house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs In-house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Others In-house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Cats Outsourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs Outsourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Others Outsourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Animals Belonging to Other Organizations (Other Rescue/Shelter Animals)**

(No input required)

**Instructions:**

- Enter the total number of animals belonging to other organizations, by type of animal and location of surgery, sterilized by your organization during the last calendar year:

**Cats in-house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs in-house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Others in-house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Cats outsourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs outsourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Others outsourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Animals Owned by Private Individuals  
(Excluding Free-roaming Cats)**

(No input required)

**Instructions:**

- Enter the total number of animals belonging to private individuals, by type of animal and location of surgery, sterilized by your organization during the last calendar year:

**Cats In house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs In house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Others In house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Cats Out sourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Dogs Out sourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Others Out sourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Free-roaming Cats**

(No input required)

**Instructions:**

- Enter the total number of free-roaming cats, by location of surgery, sterilized by your organization during the last calendar year:

**Cats in house**

(Number; 15 digit maximum)

**Instructions:**

- 

**Cats out sourced**

(Number; 15 digit maximum)

**Instructions:**

- 

**Early Age (Pediatric) Spay/Neuter**

(No input required)

**Instructions:**

- For surgeries done in-house:

**Are animals younger than six months  
sterilized?**

(Yes/No)

**Instructions:**

- 

**What is the youngest age and smallest size at  
which animals are typically sterilized?**

(Paragraph; 2000 character maximum)

**Instructions:**

- 

**Early Age (Pediatric) Spay/Neuter**

(No input required)

**Instructions:**

- For surgeries Outsourced:

**Are animals younger than six months sterilized? (Outsourced)**  
(Yes/No)

**Instructions:**

- 

**What is the youngest age and smallest size at which animals are typically sterilized? (Outsourced)**

(Paragraph; 2000 character maximum)

**Instructions:**

- 

### Technology Used to Support Adoptions, Sheltering and Spay/Neuter

**Instructions:**

- 

(No input required)

**Are you currently using a pet locator system that allows the public to search online to see your adoptable pets?**

(Yes/No)

**Instructions:**

- 

**If yes, which system(s) do you use?**

(Checkbox List)

- Adopt-A-Pet
- Petango
- Petfinder
- Pets 911
- Other

**Instructions:**

- Check all that apply.

**Other Locator Systems**

(Text; 500 character maximum)

**Instructions:**

- If you checked "Other" above, please explain.

**What shelter/clinic software are you using?**

(Checkbox List)

- Animal Shelter Manager
- Ark Software
- AVImark
- Chameleon
- Cornerstone
- Humane Solution
- Impromed
- Intravet
- iShelters
- PetPoint
- Rescue Connections
- Results Plus
- Shelter Buddy
- Shelter Pro
- None
- Other

**Instructions:**

- Select all that apply.

**Other Software**

(Text; 500 character maximum)

**Instructions:**

- If you checked "Other" above, please explain.

**Would you be willing and able to provide raw data electronically from your shelter and/or clinic to PetSmart Charities or a third party?**

(Yes/No)

**Instructions:**

- 

### Request Information - Targeted

**Project Title**

(Text; 255 character maximum)

**Instructions:**

- 

**Program/Project Description**

(Paragraph; 2000 character maximum)

**Instructions:**

- Briefly describe the project you are proposing and

**Requested Cash Amount**  
(Currency; 20 character maximum)

**Year One Requested Cash Amount**  
(Currency; 20 character maximum)

**Year Two Requested Cash Amount**  
(Currency; 20 character maximum)

**Project Start Date**  
(Date)

**Project End Date**  
(Date)

**Problem Statement and Resources Needed**  
(Long Paragraph)

**Other Sources of Funding**  
(Yes/No)

**Please answer the numbered questions below regarding other sources of funding for this project**

(No input required)

**1) Funder name**  
(Text; 500 character maximum)

**1) Funder telephone**  
(Text; 500 character maximum)

**1) Amount requested from this funder**  
(Currency; 20 character maximum)

**1) Date requested from this funder**  
(Date)

**1) Status of funding from this funder**  
(Single-Select List)

- Awarded

the focus you have chosen. Examples of focus areas include, but are not limited to, pets belonging to low-income pet owners or living in certain geographic areas, or pets of a certain species, breed or age. Please note that a more detailed explanation is required in the Methods and Resources section.

**Instructions:**

- Indicate the total grant amount you are requesting, whether a one year or two year grant. Please enter numeric values only.

**Instructions:**

- Please enter the requested cash amount for year one. Please enter numeric values only.

**Instructions:**

- If your request is for two years, please enter the requested cash amount for year two. Please enter numeric values only.

**Instructions:**

- Please enter the projected start date.

**Instructions:**

- 

**Instructions:**

- For this project, describe the information and documentation you are using to determine that your identified problem is a significant factor in your community's pet overpopulation problem. This information could be based on documenting high-intake or high-euthanasia neighborhoods, species or breeds represented in local shelters or other significant data. In addition, describe the resources that are needed to address the problem. Of those resources, identify what is in short supply.

**Instructions:**

- Have you requested grant funding for this project from any other sources? If yes, please provide details in the next question.

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- Please enter numeric values only.

**Instructions:**

- 

**Instructions:**

-

- Pending

**1) Amount awarded from this funder**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**2) Funder name**  
(Text; 500 character maximum)

**Instructions:**

- 

**2) Funder telephone**  
(Text; 500 character maximum)

**Instructions:**

- 

**2) Amount requested from this funder**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**2) Date requested from this funder**  
(Date)

**Instructions:**

- 

**2) Status of funding from this funder**  
(Single-Select List)

**Instructions:**

- Awarded
- Pending

- 

**2) Amount awarded from this funder**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**3) Funder name**  
(Text; 500 character maximum)

**Instructions:**

- 

**3) Funder telephone**  
(Text; 500 character maximum)

**Instructions:**

- 

**3) Amount requested from this funder**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**3) Date requested from this funder**  
(Date)

**Instructions:**

- 

**3) Status of funding from this funder**  
(Single-Select List)

**Instructions:**

- Awarded
- Pending

- 

**3) Amount awarded from this funder**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**4) Funder name**  
(Text; 500 character maximum)

**Instructions:**

- 

**4) Funder telephone**  
(Text; 500 character maximum)

**Instructions:**

- 

**4) Amount requested from this funder**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**4) Date requested from this funder**  
(Date)

**Instructions:**

- 

**4) Status of funding from this funder**  
(Single-Select List)

**Instructions:**

- Awarded
- Pending

- 

**4) Amount awarded from this funder**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**5) Funder name**

**Instructions:**

(Text; 500 character maximum)

**5) Funder telephone**

(Text; 500 character maximum)

**5) Amount requested from this funder**

(Currency; 20 character maximum)

**5) Date requested from this funder**

(Date)

**5) Status of funding from this funder**

(Single-Select List)

- Awarded
- Pending

**5) Amount awarded from this funder**

(Currency; 20 character maximum)

- 

**Instructions:**

- 

**Instructions:**

- Please enter numeric values only.

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- Please enter numeric values only.

**Target Area**

**Geographical Target Area**

(Paragraph; 2000 character maximum)

**Instructions:**

- Please enter the geographical region focused on for this project. List the name of the city, county, zip code, etc.

**Total Human Population**

(Number; 15 digit maximum)

**Instructions:**

- Enter the total estimated human population in target area.

Information available at <http://www.census.gov>

**Residents Below Poverty**

(Text; 500 character maximum)

**Instructions:**

- Enter the percent of residents living below poverty in target area.

Information available at <http://www.census.gov>

**Other Human Demographic Information**

(Paragraph; 2000 character maximum)

**Instructions:**

- If applicable, please indicate other human demographic information important to your project.

**Clinics and Programs**

(Number; 15 digit maximum)

**Instructions:**

- Enter the number of low cost spay/neuter clinics and spay/neuter programs in your targeted area, including your own.

Searchable database for low-cost s/n clinics available at <http://www.aspca.org/pet-care/spayneuter/>

**Surgical Capacity**

(Text; 500 character maximum)

**Instructions:**

- Enter the estimated surgical capacity at the above clinics. Indicate if this number is weekly, monthly, or annually.

**Private Veterinary Clinics**

(Number; 15 digit maximum)

**Instructions:**

- Enter the number of private veterinary clinics **not included above** who have agreed to participate in your program.

**Number of Pet Cats**

(Number; 15 digit maximum)

**Instructions:**

- Enter the estimated number of pet cats in target area (human population divided by 3.3).

**Number of Pet Dogs**

(Number; 15 digit maximum)

**Instructions:**

- Enter the estimated number of pet dogs in target

**Number of Feral Cats**  
(Number; 15 digit maximum)

If you believe this estimate of the number of feral cats in the target area is too low or too high, give your best estimate and explain why you consider your number more accurate than the formula.

(Paragraph; 2000 character maximum)

For projects involving Trap-Neuter-Return, list which individuals and/or organizations will be responsible for locating and trapping the cats, and describe their prior experience in implementing TNR. Also, describe the protocols that they will be following for the field work, including trapping.

(Long Paragraph)

**Number of Pit bulls**  
(Number; 15 digit maximum)

**Other Animal Demographic Information**  
(Paragraph; 2000 character maximum)

area (human population divided by 4.0).

**Instructions:**

- For projects focused on feral cats, estimate the number of feral cats in target area (human population divided by 6.0).

**Instructions:**

- 

**Instructions:**

- Please use no more than two pages.

**Instructions:**

- For projects focused on pit bulls, estimate number of pitbulls.  
*Formula available at <http://www.querrillaeconomics.biz/bestfriends/>*

**Instructions:**

- 

**Methods and Resources**

**Provide a description of your proposed plan using the fields below.**

(No input required)

**Instructions:**

- *Important Note:* Please review the Impact and Expenditure Report at <http://www.petsmartcharities.org/resources/grant-reporting-documents.html> so you are familiar with what additional information you may need to collect to meet the minimum reporting requirements on this grant. We expect the impact measurement report to also include the data categories you used to assess the need for your program, updated to the date of the completion of your project.

Results from the program will be collected and reported via the required Impact and Expenditure Reports. This step is a required part of the grant agreement in addition to other mutually agreed upon reporting.

**Total number of sterilizations you aim to perform as part of the project.**

(Number; 15 digit maximum)

**Instructions:**

- 

**Number of sterilizations you propose to perform using funds from PetSmart Charities.**

(Number; 15 digit maximum)

**Instructions:**

- 

**How did you identify this targeted area as the area where you can make a difference?**

(Paragraph; 2000 character maximum)

**Instructions:**

- 

**How will you identify or determine eligibility**

**Instructions:**

**of your targeted population?**  
(Paragraph; 2000 character maximum)

- 

**Leadership for the project, with their qualifications, and qualifications of your organization.**  
(Paragraph; 2000 character maximum)

**Instructions:**

- 

**Timeline**  
(Paragraph; 2000 character maximum)

**Instructions:**

- 

**List of any partners or collaborators involved in the project.**  
(Paragraph; 2000 character maximum)

**Instructions:**

- Support letters can be uploaded below.

**Explain how you intend to measure your project's effectiveness and impact.**  
(Long Paragraph)

**Instructions:**

- What impact do you expect? How long will it take to show impact? In addition to the number of pets altered, what metrics will be used to measure the project's effectiveness (e.g., reduced colony size, intake, euthanasia, complaint calls)?

**Personnel**  
(Paragraph; 2000 character maximum)

**Instructions:**

- Will you use paid staff, volunteers or a combination of both? Please explain your planned staffing for this project.

**Communications/Publicity/Promotions**  
(Paragraph; 2000 character maximum)

**Instructions:**

- What type of communications activities will you use to reach and motivate your focus audience?

**Transportation**  
(Paragraph; 2000 character maximum)

**Instructions:**

- If transportation of animals is a critical service needed to achieve your goal, how will that need be accommodated?

### Veterinary Services

(No input required)

**Instructions:**

- 

**What type of veterinary services will you use for the specific population you intend to serve with this project? Check all that apply.**  
(Checkbox List)

- Private Veterinarian(s)
- Surgery suite in shelter
- Low-Cost Spay/Neuter clinic
- Mobile Low-Cost Spay/Neuter clinic
- MASH unit set up at various community sites
- Other (explain in the next question)

**Instructions:**

- 

**Other Veterinary Services**  
(Text; 500 character maximum)

**Instructions:**

- If you selected 'other' as the type of veterinary services, please specify 'other'.

**Agreements with Spay/Neuter Service Providers**  
(Paragraph; 2000 character maximum)

**Instructions:**

- Explain what agreements you have made or steps you have taken to assure there will be sufficient low-cost capacity to provide the number of sterilizations required by your program. Relevant documents can be uploaded below.

**Average Cost Per Surgery**  
(Currency; 20 character maximum)

**Instructions:**

- What is your average cost per surgery for the project? Calculate this by using the budget number

**Total Average Paid for the Surgeries**  
(No input required)

**Cat Neuter**

- Amount to be paid by owner
- Amount to be paid by PetSmart Charities grant
- Amount to be paid by other funding

**Cat Spay**

- Amount to be paid by owner
- Amount to be paid by PetSmart Charities grant
- Amount to be paid by other funding

**Dog Neuter**

- Amount to be paid by owner
- Amount to be paid by PetSmart Charities grant
- Amount to be paid by other funding

**Dog Spay**

- Amount to be paid by owner
- Amount to be paid by PetSmart Charities grant
- Amount to be paid by other funding

**Explanation: Total Average Paid for the Surgeries**  
(Paragraph; 2000 character maximum)

1 (required as an upload below) by dividing the total expenses by the total surgeries performed in that same period. Please enter numeric values only.

**Instructions:**

- If payment for the spay neuter services in your plan is made up of income from multiple sources, please fill in the amounts below.

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- 

**Instructions:**

- Provide explanation if needed.

**Instructions:**

- Please answer each item below to indicate additional services offered at the time of surgery, whether the client is required to pay for them, and if so what the fee is. If you use more than one clinic or veterinarian, provide information for the one you will use the most.

**Veterinary Clinic Information**

(No input required)

**Name of Veterinary/Clinic**  
(Text; 500 character maximum)

**Instructions:**

- 

**Examination**  
(Single-Select List)

- Not Available
- Optional
- Required

**Instructions:**

- 

**Examination Fee to Client**  
(Yes/No)

**Instructions:**

- 

**Examination - Amount of Fee to Client**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**Rabies Vaccination if Due**  
(Single-Select List)

- Not Available
- Optional
- Required

**Instructions:**

- 

**Rabies Vaccination Fee to Client**  
(Yes/No)

**Instructions:**

-



**Rabies Vaccination - Amount of Fee to Client**  
(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**Other Vaccination if Due**

(Single-Select List)

- Not Available
- Optional
- Required

**Instructions:**

- 

**Other Vaccination Fee to Client**

(Yes/No)

**Instructions:**

- 

**Other Vaccination - Amount of Fee to Client**

(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**Pain Medication**

(Single-Select List)

- Not Available
- Optional
- Required

**Instructions:**

- 

**Pain Medication Fee to Client**

(Yes/No)

**Instructions:**

- 

**Pain Medication - Amount of Fee to Client**

(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**Parasite Medication**

(Single-Select List)

- Not Available
- Optional
- Required

**Instructions:**

- 

**Parasite Medication Fee to Client**

(Yes/No)

**Instructions:**

- 

**Parasite Medication - Amount of Fee to Client**

(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**Licensing**

(Single-Select List)

- Not Available
- Optional
- Required

**Instructions:**

- 

**Licensing Fee to Client**

(Yes/No)

**Instructions:**

- 

**Licensing - Amount of Fee to Client**

(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**Ear Tipping**

(Single-Select List)

- Not Available
- Optional
- Required

**Instructions:**

- 

**Ear Tipping Fee to Client**

(Yes/No)

**Instructions:**

- 

**Ear Tipping - Amount of Fee to Client**

(Currency; 20 character maximum)

**Instructions:**

- Please enter numeric values only.

**Other Services**

(Single-Select List)

**Instructions:**

-



- Not Available
- Optional
- Required

**Other Services Fee to Client**  
(Yes/No)

**Instructions:**  
•

**Other Services - Amount of Fee to Client**  
(Currency; 20 character maximum)

**Instructions:**  
• Please enter numeric values only.

**If necessary, please explain the procedures and fees described above.**  
(Paragraph; 2000 character maximum)

**Instructions:**  
•

**SUSTAINABILITY**

(No input required)

**Instructions:**  
• Help us understand your vision for this project when PetSmart Charities' funding is fully spent by answering the following questions:

**Do you hope to continue the project?**  
(Yes/No)

**Instructions:**  
•

**If yes, will the project change and if so, how?**  
(Paragraph; 2000 character maximum)

**Instructions:**  
•

**When and where will you obtain the funding to support this program?**  
(Paragraph; 2000 character maximum)

**Instructions:**  
•

**If no, when will the project terminate?**  
(Paragraph; 2000 character maximum)

**Instructions:**  
•

**Will this project have the potential to be absorbed by another organization in your community?**  
(Yes/No)

**Instructions:**  
•

**If yes, please identify the organization.**  
(Paragraph; 2000 character maximum)

**Instructions:**  
•

**ATTACHMENTS**

(No input required)

**Instructions:**  
•

**Instructions:**  
• Please upload the following budgets. 1. Line item budget showing revenue and expense categories for the entire spay/neuter project. If you are the spay/neuter clinic, this budget should reflect all overhead expenses allocated to the clinic or spay/neuter program and a breakout of income to spay/neuter. 2. Line item budget showing only the cost you are requesting PetSmart Charities to fund in this grant proposal. Typically this budget reflects only the direct surgical costs. If there are non-surgical expenses that are critical to the success of this project please include them on a separate line and provide a detailed explanation as to why you feel they should be included.

**1. Budget Information**  
(No input required)

**Please upload your Budget Information**  
(File Upload; 5,524,288 byte limit)

**Instructions:**  
•

**2. Bids/Quotes**  
(File Upload; 5,524,288 byte limit)

**Instructions:**  
• Upload copy of any bids/quotes for requested items costing \$500.00 or more.



**3. S/N Service Providers and Partners**  
(File Upload; 5,524,288 byte limit)

**Instructions:**

- Attach any letters or documents from s/n service providers that indicate their commitment and agreement to make their services available for this project. Attach letters of support from each partner that describe in detail the role the partner or collaborator will play in your project.

**Instructions:**

• **For all non-government organizations:**

- If the total revenue from the previous year was less than \$25,000, include your most recently filed 990-N (also known as the e-postcard) and include a signed treasurer's annual report for the same fiscal year as your 990-N. This should consist of a copy of your Statement of Financial Income and Expense and a Balance Sheet.
- If the total revenue from previous year was between \$25,000 and \$499,999, include your most recently filed IRS Form 990 or Form 990EZ and include a signed treasurer's annual report for the same fiscal year as your 990. This should consist of a copy of your Statement of Financial Income and Expense and a Balance Sheet.
- If the total revenue from previous year was \$500,000 or greater, include your most recently filed IRS Form 990 and an audited financial statement for the same fiscal year. Financial reviews will not be accepted.

**4. Financials For all non-government organizations:**  
(File Upload; 5,524,288 byte limit)

**AND**

- If your revenue from your most recently completed fiscal year end is different (later) from the year of your last filed 990, 990-EZ or 990-N, also include a copy of your most recently complete fiscal year end Statement of Financial Income and Expense and Balance Sheet.

**For government agencies:**

- If available, include the "line item" from the city/county's budget relating to the animal control department. If a line item budget is not used, no financials need to be submitted unless requested later.

**For tribal entities:**

- If available, include information related to dollars allocated and expended on an annual basis for activities relating to

animal control. If there are no funds allocated for animal control, no financials need to be submitted unless requested later.

**By checking this box, I am verifying that the Financial documents uploaded have been signed by an authorized representative.**

(Checkbox List)

- Signature

**Instructions:**

- 

**Instructions:**

- Please provide a list of Board of Directors or, if you are a government agency, the members of your municipality's governing body (e.g. City Council, Board of Trustees, etc).

**5. Board of Directors**

(File Upload; 5,524,288 byte limit)

1. Right click [Board of Directors](#) to download the template.
2. Select "**Save Link As**" to save the template to your computer.
3. Complete the template.
4. Click the "**Upload File**" link and follow the directions to upload the file.

**Instructions:**

- Please upload any additional relevant documentation, however please do not include the following information as a part of your application - newsletter, press release, etc.

**6. Additional Relevant Documents**

(File Upload; 5,524,288 byte limit)

**Instructions:**

1. • Please download this Word Document.
2. Right [click here](#)
3. Sign the document.
4. Scan document.
5. Upload document by clicking "**Upload File**" and following the directions that appear in the window pop-up.

**7. Authorized Representative Form and Upload.**

(File Upload; 5,524,288 byte limit)

**Instructions:**

- 

**By checking this box, I am verifying that this document submitted has a signature by an authorized representative.**

(Checkbox List)

- Signature