# 201XCALIFORNIA PET LOVER'S LICENSE PLATE
# GrantGuidelines and Application
## *Grant Application Deadline: _____*

## Background

The California Spay/Neuter License Plate Fund, hereto referred to as the "Fund," administers and oversees revenue received from the sales of the California Pet Lover's License Plate. The program is intended to help stop pet overpopulation in California by providing funds for spay/neuter services to municipalities and non-profit organizations in California. The revenue received from the sale and renewal of the license plate is awarded annually as grants to eligible organizations.

## Eligibility

In order to be eligible, an organization must qualify as one of the following:

- ACalifornia city or county animal control facility (or an agency that currently holds a contract with one or more municipalities) that provides spay & neuter services to the public

OR

- ACalifornia city or county with the capability to administer a spay/neuter voucher program

OR

- A California non-profit (501(c)3) organization holding a municipal contract for animal control services

OR

- A California non-profit (501(c)3) organization operating a spay/neuter program, where spay/neuter services are not offered by a municipal agency.

## Deadline

The application may be completed online or in hard copy form. Online applications must be received by NOON on [date]. All mail-in proposals must be postmarked no later than [date]. The original and X copies (including all attachments) must be included and sent to:

California Spay & Neuter License Plate Fund
PO Box 66370Los Angeles, CA 90066

## Contract Terms and Conditions

If awarded a grant from the Fund, the grantee will be expected to sign an agreement abiding by certain terms and conditions, including but not limited to:

- Submission of preliminary and final reports.*Information outlining the reporting process will be supplied once selected to receive grant funding.*
- Grantees will be required to advertise the "California Pet Lover's License Plate" in their facility, in newsletters, and through other local announcements.
- Grantees will agree that all vouchers and receipts will clearly state that the sterilization was funded by the Pet Lover's License Plate.
- Grantees understand that the Fund may conduct site visits at any time during the grant period
- Grant contracts will be one year in length. Grantees will agree to use the funds solely for the purpose described in the grant contract.

*Funds may NOT be used to cover shelter overhead costs, and all unused funds must be returned to the Fund at the end of the grant period.*

## Proposal Evaluation Process

The Fund's Executive Committee will screen and evaluate proposals from [date] to [date]. Applicants will be notified by [date] and the grant period will begin on [date]. The criteria that will be used to evaluate proposals include:

Goal/Scope:

The proposal should state the specific problem the grant funds will be used to address and should contain specific goals that will demonstrate how the target population will be impacted.

Need:

The proposal should clearly outline a particular need in the targeted area and adequately describes how the project will address the need.
*Examples include: lack of low-cost spay/neuter services in the area, highoverall shelter intake figures, high overall shelter euthanasia rates, demonstrated need for programs targeting specific breeds/species (large breed dogs/cats/etc) or poverty level.*

Project Design:

The project design should clearly define the extent of the pet overpopulation problem in your target community, and should specifically outline how the project will address the issue. Proposals that include the use of a voucher program must clearly describe what criteria will be used to determine who receives funding and also must provide estimates for anticipated co-pay amounts per surgery.

Assessment:

Proposal should explain what measurable criteria will be used to determine if your organization reaches its objectives. How will you measure the success of your proposed program?

## Grant Range

For the grant period ending [date], it is anticipated that the majority of grants funded will be in the range of $X - $Y. However, based on the number of applicants, the scope of the proposed projects, and the funds available, grants may be awarded in excess of the anticipated range. Additionally, grants may be awarded in an amount less than requested by the applicant if deemed necessary by the evaluators.

## Enclosures

Please include a copy of each of the following with every copy of the application:

*For Municipal Agencies:*

1. Annual animal control services budget for the past two fiscal years, including what percentage of the budget is used for spay/neuter efforts.
2. Annual report or other documentation relevant to evaluation of your proposal
3. Examples of past advertising/outreach done to promote your spay/neuter program, or spay/neuter in general.

*For Non-Profit Agencies:*

1. Copy of your 501(c)3 determination letter.
2. List of your Board of Directors or other organizational leadership.
3. Annual report or other documentation relevant to evaluation of your proposal
4. Financial statements for the past two fiscal years (form 990 of 990EZ)

# 201X California Spay & Neuter License Plate Fund
# Grant Application

## Contact Information

Name of Agency: _____
Address:_____
City/State/Zip: _____
County: _____
Phone: _____ Fax:_____ Email: _____
Website Address (if available):_____

**Grant Contact Information**
*Please provide contact information for the individual in charge of the grant application:*
Name: _____
Title: _____
Phone: _____ Email: _____

## Grant Request Summary

BRIEFLY DESCROBE THE PROJECTFOR WHICH YOU ARE REQUESTING FUNDS:

_____
_____
_____
_____

Type of Program(s) to be Funded: (Please check all that apply)

- o In-House Spay/Neuter Services for Publicly Owned Animals
- o Mobile Spay/Neuter Clinic for Publicly Owned Animals
- o Voucher Program for Shelter Animals (Adopters receive a voucher to be used to spay/neuter their newly adopted pet)
- o Voucher Program for Owned Animals (Redeemable at participating veterinarians)
- o Feral Cat/TNR Program
- o Re-granting of funds to local non-profits

Type of Animals Targeted in this Proposal: (Please check all that apply)

- o Homeless/shelter cats
- o Homeless/shelter dogs
- o Owned/low-income cats
- o Owned/low-income dogs
- o Feral cats
- o Rabbits/Guinea Pigs/Small Companion Animals

TOTAL AMOUNT OF FUNDING REQUESTED: _____

## Organizational Summary

Please select the option that most accurately describes the structure of your agency:
____ City, County, or Tribal Agency
____ Non-profit Agency Holding Municipal Contracts
____ Non-profit Agency (Only eligible where municipal spay/neuter services are NOT provided)

Please indicate which of the following services are provided by your organization (check all that apply):
____ Municipal Animal Control
____ Unlimited intake (open admission) facility
____ Limited intake facility
____ Spay/Neuter Services provided in-house
____ Spay/Neuter Services (provided through vouchers or agreements with other clinics)
____ Feral Cat/TNR Program
____ Other (Please explain)
_____

Which of the following species are serviced by your agency? (Check all that apply)
___ Dogs
___ Cats
___ Rabbits
___ Other
_____

If you currently offer spay/neuter services, please answer the questions below. If not, please explain why and thenskip to the section titled “Community Information” below.

_____

_____

How long have you been offering spay/neuter services? _____

For which groups of animals have you been offering spay/neuter services?

Homeless/Shelter Cats ____Homeless/Shelter Dogs _____ Rabbits/Other Small Pets _____
Owned Cats _____ Owned Dogs _____ Feral/Community Cats _____
Other _____

If you have a feral cat program, do you practice trap/neuter/return? Do you ever put feral cats up for adoption? Please explain: _____

_____

_____

How are funds currently raised for your spay/neuter program?

_____

_____

What percentage of your budget is currently spent on spay/neuter services? _____

## Community Information

***Human Population Information***

*(Population data available via www.census.gov if not known)*

Name of municipalities included in service area:

_____

_____

Total human population within service area: _____
Percent of residents living below poverty level within service area: _____

***Animal Population Information***

Estimated # of pet dogs in target area (human population divided by 4): _____
Estimated # of pet cats in target area (human population divided by 3.3): _____
Estimated # of free-roaming cats in target area (human population divided by 6): _____

## Statistical Overview

Please provide the following for the past two calendar years:

A. # Entering Facility (Not including DOA):

| | Most Recent Year | Year Prior |
|---|---|---|
| Dogs | | |
| Cats | | |
| Rabbits | | |

B. #Adopted/Transferred/RTO

| | Most Recent Year | Year Prior |
|---|---|---|
| Dogs | | |
| Cats | | |
| Rabbits | | |

C. # of Animals Euthanized:

| | Most Recent Year | Year Prior |
|---|---|---|
| Dogs | | |
| Cats | | |
| Rabbits | | |

D. What is your live release rate?
*(Use the formula:(Adoptions + Transfers + RTO (**B above**)) / (Total Live Intake(**A above**))*

| | Most Recent Year | Year Prior |
|---|---|---|
| Dogs | | |
| Cats | | |
| Rabbits | | |

***If applicable, please provide:***

E. # of Publicly-Owned Animals Spayed or Neutered:

| | Most Recent Year | Year Prior |
|---|---|---|
| In-House | | |
| Dogs | | |
| Cats | | |
| Rabbits | | |
| Outsourced | | |
| Dogs | | |
| Cats | | |
| Rabbits | | |

# GRANT PROPOSAL DETAILS

***Proposal Narrative***

Using a separate sheet of paper, please describe your proposed program. Do not exceed two typed, double spaced pages, using no smaller than 12 pt font. In your narrative, please be sure to include the following:

- Describe the project(s) for which you are requesting funding. State your goals in specific and measurable terms. Please be sure to clearly outline the need for spay/neuter services in your community and how the project will impact the overall number of spay/neuter surgeries in your community. If you will be administering a voucher program, please clearly describe how it will be administered and who will be eligible.
- Describe other low-cost or free spay/neuter services available to residents within your service and explain how your program will supplement the already existing programs, if applicable.
- Describe how you will promote the project/raise awareness for spay/neuter in the community.
- Identify any additional grants or other sources of funding that exist for this project.

***Budget***

In a separate document, please provide a line item budget outlining how grant funds will be spent. *Please note: pursuant to the grant guidelines, NO funds are to be used to cover shelter overhead costs.*