

Stage 1 of 1 Proposal for Dog and Cat Animal Relocation

Organization

Please review the information below for accuracy and edit accordingly. You may return to your application at any time by clicking the "Save and Finish Later" button at the end of the application.

Please **DO NOT** use all capital letters.

If an ASPCA employee solicited (formally invited) this funding request, please list his/her name here. If not, leave blank.

Your response is for internal routing purposes only and will not affect your review.

Organizational Information	
Organization Name	
Mailing Address - Street	
City	State <Select One>
Postal Code	
Phone No hyphens, e.g. 2128767700	Fax No hyphens, e.g. 2128767700
Web Site If you are a governmental organization and do not have a specific website for your department, enter the main web address.	
Federal Tax ID/Employer Identification Number (EIN) No hyphens	Tax Status <Select One>
Organization Type	
Physical Address (ONLY if different than mailing address) Include address, city, state and zip/postal code. Leave blank if physical and mailing address are the same.	

Finances, Facility, and Personnel

Total Organizational Budget (Current Year)

Total Organizational Budget (Last Year)

If this is your first year of operation, enter zero.

Total Organizational Budget (Two Years Prior)

If this is your first year of operation, enter zero.

Financial Health

<None>

In what year was your agency/organization incorporated?

How old is your facility?

<None>

When was the most recent facility renovation?

<None>

Number of Full-Time Staff

Number of Part-Time Staff

Number of Veterinarians on Staff

Number of Vet Technicians on Staff

Number of Current Active Volunteers

Maximum Holding Capacity for Felines

Maximum Holding Capacity for Canines

Maximum Holding Capacity for Other Animals

If holding capacity is for animals in addition to or other than cats or dogs, please list types of animals.

How many permanent residents does your facility currently house?

Disposition of Animals During the Previous 12 Months (Total Numbers)

Total Feline Intake

Enter the sum of felines entering your facility from all sources, including transfers from other agencies. A feline that is returned within 30 days of being adopted should be counted as one intake.

Felines Adopted

Felines Returned to Owner

Felines Transferred to Another Agency or Shelter

Felines Euthanized (excluding owner-requested euthanasia)

Stray/Feral Felines

How many stray or feral felines that entered your facility were altered and safely returned to the same location from which they were found?

Total Canine Intake

Enter the sum of canines entering your facility from all sources, including transfers from other agencies. A canine that is returned within 30 days of being adopted should be counted as one intake.

Canines Adopted

Canines Returned to Owner

Canines Transferred to Another Agency or Shelter

Canines Euthanized (excluding owner-requested euthanasia)

If your organization handles animals other than dogs and cats, you may provide information for up to two additional species.

Other Animal Species #1 - specify type of animal

Total Other Intake for Species #1

Enter the sum of other animals entering your facility from all sources, including transfers from other agencies. An animal returned within 30 days of being adopted should be counted as one intake.

Other Adopted for Species #1

Other Returned to Owner for Species #1

Other Transferred to Another Agency or Shelter for Species #1

Other Euthanized Due to Lack of Space for Species #1

Other Animal Species #2 - specify type of animal

Total Other Intake for Species #2

Enter the sum of other animals entering your facility from all sources, including transfers from other agencies. An animal returned within 30 days of being adopted should be counted as one intake.

Other Adopted for Species #2

Other Returned to Owner for Species #2

Other Transferred to Another Agency or Shelter for Species #2

Other Euthanized Due to Lack of Space for Species #2

Spay/Neuter Protocols

Percent of animals neutered before placement:

Youngest age that animals are spayed/neutered: (in months)

Lightest weight that animals are spayed/neutered: (in pounds)
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Contacts

Primary Contact Person for This Request

Prefix e.g. Ms., Mr., Dr. <Select One>	First Name	Last Name	Suffix <None>
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Title

E-mail

Head of Organization - complete ONLY if different from above.

Prefix e.g. Ms., Mr., Dr. <None>	First Name	Last Name	Suffix <None>
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Title

E-mail

Proposal

Request Information

Project Title

Please provide a short, descriptive title for this request, e.g. Fee-Waived Adoption Event for Dogs

Request Amount

e.g. 1000

Total Project Cost

e.g. 5000

Project Description

Provide a detailed description of your request in 250 words or less. Do not describe your organization or its mission.

Budget Justification

Include estimated or actual costs for line items and other relevant information as explained in program guidelines. You may include a budget on the attachments page.

Over how many months do you estimate grant funds will be used? (In whole months)

Please enter either 6 or 12.

6

Grant Timeline and Evaluation

Provide more details on the timeline for utilizing grant funds (including event dates, if applicable). Explain how you will measure the success of the project.

Geographical Area Served (for THIS request ONLY)

Choose your domicile location in the FIRST drop-down. You may choose additional locations if this grant would benefit your work outside of your own state.

Population Served (for THIS request)

You may choose more than one, but ONLY select those populations that will be served by THIS request. For example, if your organization provides services for cats and dogs, but your request is for dog kennels, you should choose "Dogs" ONLY.

Program Area

Please select the program area most closely aligned with THIS funding request.

Type of Support**Impact of Requested Funds on Animals**

If you receive the FULL grant amount requested, approximately how many animals will this grant impact? Fill in a number for each category. Enter -0- (zero) if the category does not apply.

Cats Dogs

Programs and Services**Programs and Services**

Briefly describe the types of programs your organization provides the community it serves (in 100 words or less).

Collaborations

What other animal groups do you work with regularly? List the names, locations and contact information.

Funding Sources

Briefly describe your fundraising program: explain how and from what sources you raise funds - individual donors, major donors, events, foundations, etc.

Previous Year Grants

List grants received in the past 12 months or previous fiscal year. Include amount, purpose and grantor. You may also upload this list on the last page of the application (indicate intention in the box below).

Spay/Neuter Policy

Briefly describe your spay/neuter policy, program, and follow-up procedures in 100 words or less.

Vaccination Policy

For which diseases do you routinely vaccinate and test? At what point during the animal's stay do you vaccinate? Please describe in 100 words or less.

What is your standard euthanasia procedure?

Sodium Pentobarbital

No

Route of Administration

Carbon Monoxide

No

Other

No

Other (Specify)

Euthanasia Performed By:

Veterinarian

No

In Shelter

No

At Veterinarian's Clinic

No

Staff

No

How many staff perform euthanasia?

How is the staff trained or certified?

Does your state certify euthanasia technicians?

<None>

Shelter Self-Evaluation

On a scale of 1 to 10 (1 being poor and 10 being excellent) please rate your current animal health program.

Is/are there a veterinarian(s) on staff?

<None>

Do written protocols exist for routine wellness procedures?

<None>

Are cats vaccinated for FVRCP on intake?

<None>

Are dogs vaccinated for Da2PP and kennel cough on intake?

<None>

Is routine deworming done on intake?

<None>

Are intake examinations routinely performed?

<None>

Are animal populations segregated?

<None>

Does your shelter/facility have isolation and/or quarantine areas?

<None>

Which of the following are of major concern to your organization? Please rank in order of highest concern (1) to lowest concern (9). Do not enter the same number more than once.

Sanitation protocols Vaccination/wellness protocols Spay/neuter

Canine disease Feline disease Population management

Staff oversight Training Resource allocation

References

List professionals such as a veterinarian, persons from organizations with which you collaborate, or others who have firsthand knowledge of your organization. Be sure to include email addresses.

Veterinarian Name

Vet Email

Vet Phone

Collaborator Name

(enter the name of a representative from an organization with which you collaborate)

Collaborator Email

Collaborator Phone

Other Name

Other Email

Other Phone

If this grant request is approved, please indicate the status of your current cash reserves or available credit to cover the costs of your proposed project while waiting for payment from the ASPCA.

While we make every effort to review proposals quickly, please note that reviews may take up to 90 days and, if funded, payment processing may take an additional few weeks.

<None>

By submitting a letter of inquiry and/or an application for an ASPCA grant, you agree to allow the ASPCA to utilize the information submitted on such letter of inquiry/application in any way it deems appropriate to support its mission to prevent cruelty to animals. Such uses may include, but are not limited to, reproducing such information in print or on the ASPCA website and/or allowing third parties to access such information. In addition, by submitting this letter of inquiry and/or application, you hereby certify that the requesting organization is aware of and endorses this request and the information herein.