

**GEORGIA DEPARTMENT OF AGRICULTURE
DOG AND CAT STERILIZATION GRANT PROGRAM 2015**

_____ **Licensed Animal Shelter**

_____ **Nonprofit 501(c)(3) Licensed Animal Rescue**

I. Applicant Information

Name of Applicant Agency: _____

Grant Project Coordinator: _____

Business Address: _____

City, State, Zip: _____

County: _____

Phone: _____ Cell Number: _____

Mailing Address: _____

City, State, Zip: _____

County: _____

Fax: _____

Email Address: _____

GDA License No.: _____

Local Business License No./City/County: _____

Federal Tax ID.: _____

State Tax ID. : _____

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, THAT I HAVE SUBMITTED THIS APPLICATION ON BEHALF OF THE APPLICANT ORGANIZATION AND THAT I HAVE THE AUTHORITY TO ACT ON BEHALF OF APPLICANT.

SIGNATURE

TITLE

PRINTED NAME

DATE

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II. Organization Information

Executive Officer Name/Title: _____

Mailing Address: _____

City/State/Zip: _____

Fiscal Contact/Title: _____

Mailing Address: _____

City/State/Zip: _____

***Both the animal and municipal animal shelter and/or nonprofit animal rescue organization must reside in Georgia in order to be eligible for the Dog and Cat Sterilization Grant Program.**

List current Board of Directors:

Name	Title	Years of Service on Board

Number of Paid Employees: _____ Number of Full Time Employees: _____

Number of Part Time Employees: _____ Number of Volunteers: _____

Est. Total Volunteer Hours per Week: _____ Number of Foster Homes: _____

Has the above organization been found in violation of the Georgia Animal Protection Act, O.C.G.A. § 4-11-1, et seq., Departmental Rules, or been charged with animal cruelty pursuant to O.G.G.A. § 16-12-4?

_____ Yes _____ No

If "yes," please explain. _____

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III. Financial Information

Total Organization Income in Last Fiscal Year: _____

Total Organization Donations in Last Fiscal Year, if known: _____

Organization Expenses in Last Fiscal Year: _____

A. Nonprofit Rescues

- i. Pursuant to O.C.G.A. § 50-20-3, nonprofit organizations must provide a copy of the most recent certified financial statement with the application.

- ii. Nonprofit rescues must provide proof of their 501(c)(3) status issued by the Internal Revenue Service at the time of filing. Please do not send a copy of a tax return or a copy of incorporation by the Georgia Secretary of State to fulfill this requirement.

- iii. Nonprofit rescues must also provide proof of incorporation by the Georgia Secretary of State.

B. Municipal Animal Shelters

- i. Effective July 1, 1999, every county and city within that county is required to adopt a Service Delivery Strategy. This strategy is an implementation plan among cities and counties to provide local government services and resolve land use conflicts within the county. These strategies are submitted to the Georgia Department of Community Affairs for approval and the DCA is in charge of monitoring compliance. Because of this law, no state-administered financial assistance can be awarded to a local municipality that is not in compliance. This requirement applies to all Georgia county governments, city governments, and authorities.

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IV. Organization Services

Check all the following Services Provided:

Unlimited Intake Shelter Limited Intake Shelter Foster Homes
 Animal Control Spay/Neuter Services Adoption

Average Number of:

Intake Animals per Year: _____ Adoptions per Year: _____

Animals Spayed per Year: _____ Animals Neutered per Year: _____

Briefly describe your animal programs:

If your program offers adoptions, are animals sterilized before adoption? Yes No

If not all, what percentage of animals is not sterilized before adoption? _____

If not all, how are animals selected for sterilization before adoption? _____

Briefly describe your sterilization policies and procedures for assuring sterilization after adoption.

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If you currently have a program for sterilization of cats and/or dogs, describe your current level of funding, level of productivity, and why you need additional funding.

Give additional background information on your organization's programs as they relate to this application. Show that you have the ability to carry out this program.

What other similar resources are available in your area? In what way are these resources currently insufficient?

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VI. Veterinary Services.

- * All Applicants must attach a letter of collaboration from all veterinarians who will provide the spay/neuter services. The letter should include a statement describing the fee schedule to be followed or pay arrangement and whether the veterinarian(s) are on your staff, on contract, in a spay/neuter clinic, or in private practice. Please list all participating veterinarians.

Veterinarian(s) performing sterilization procedures:

Name: _____

Clinic/Practice Name: _____

Address: _____

City/State/Zip: _____

County: _____ Telephone: _____

Georgia License No. _____ National Accreditation No. _____

Name: _____

Clinic/Practice Name: _____

Address: _____

City/State/Zip: _____

County: _____ Telephone: _____

Georgia License No. _____ National Accreditation No. _____

Name: _____

Clinic/Practice Name: _____

Address: _____

City/State/Zip: _____

County: _____ Telephone: _____

Georgia License No. _____ National Accreditation No. _____

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Is the veterinarian(s) performing the sterilization procedure currently licensed and accredited to practice veterinary medicine in the State of Georgia? ____ Yes ____ No

* Veterinarians used to perform the sterilization procedure under the Dog and Cat Sterilization Grant Program must be licensed by the Georgia Secretary of State and accredited by the Georgia Department of Agriculture and United States Department of Agriculture (USDA). All veterinarians must perform the sterilization procedure using acceptable standards of care.

What is the fee range or other agreement paid for spay and neuter services?

	Total Amount Paid Using Grant Funds
Range for Male Cat	\$
Range for Female Cat	\$
Range for Female Dog	\$
Range for Male Dog	\$

* Grant funds shall be used for sterilization surgeries only and shall not be used for capital or administrative expenses or for procedures not directly related to sterilization surgery, such as promotions, vaccinations, testing, licensing, food, medicine, and/or other medical procedures.

If no fee arrangement has been agreed to, what is your agreement with the collaborating veterinarian(s)?

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Signature and Attestation

By signing below Applicant attests to the following:

- (1) Applicant ATTESTS that the information provided in the grant application is true and correct.
- (2) Applicant ATTESTS that it possesses the legal authority to apply for this grant. Applicant further ATTESTS that the individual filing the application has the authority to do so.
- (3) Applicant ATTESTS that it resides and operates in Georgia and will use the grant funds for Georgia animals.

Signature

Date

Printed Name

Title

Sworn to me on this _____ day of _____, 2015.

Notary Public

My Commission expires: _____

Affix Seal here: