

SPAY/NEUTER SURGICAL PROJECT FORM

Applicant:

To increase the number of dogs and cats that are sterilized and adopted, to include the purchase of equipment and supplies for this program (i.e. payments to qualified veterinarian pursuant to section 2(d) of Public Act 132 of 2007, for reasonable and customary professional services related to sterilization procedures, payments for transportation of shelter animals to sterilization site, surgical suite equipment or supplies for alteration of shelter animals at the shelter and/or veterinary practices.)

Project Title:

Project Summary:

Describe the project in everyday language without the use of scientific or technical jargon. State the problem, challenges or issue your project is addressing. Briefly explain how this project will address or solve the problem or challenge. Answer the following as part of the summary.

1) How does this impact the lives of animals?

2) Why is this project important to your success and your community's success?

3) What difference will it make and to whom?

4) What is the benefit or potential benefit of a successful project?

Objective(s):

State objectives clearly and concisely in a logical sequence. Include only those objectives on which significant progress can be made during the life of the project. Objectives must relate to the value of sterilization of shelter dogs and cats and the promotion of their adoption.

Approach:

Procedures should correspond with each numbered objective and described in sufficient detail to clearly understand the actions to be used. Descriptions should be adequate to allow a reviewer familiar with the subject to evaluate the approach. The responsibilities and work assignments must be stated in the procedure for each objective.

List of Licensed Veterinarians to perform sterilizations:

Outreach and Evaluation Plan:

A well-considered and appropriate outreach component is an essential part of this grant. Describe how this project will be shared with the community, how it will benefit the community and how your project will be evaluated at the end of the grant period.

Complete Spay/Neuter Budget Summary (Page 3)

PROPOSED BUDGET SUMMARY SPAY/NEUTER SHELTER ANIMALS SURGICAL PROJECT

Applicant: _____

Animal Category	Number of Animals/Units	Cost per Procedure/Unit	Total
Kittens			
Spay			
Neuter			
Adult Cats			
Spay			
Neuter			
Puppies			
Spay			
Neuter			
Adult Dogs			
Spay			
Neuter			
Spay/Neuter Total:			
Equipment/Supplies: *			
Equipment Total:			
Other:			
Other Total:			
TOTAL AMOUNT REQUESTED FOR THE PROJECT:			

*Provide quotes from vendor and veterinarian(s)