



TENNESSEE DEPARTMENT OF AGRICULTURE

Application for Animal Friendly Spay/Neuter Grant
Fiscal Year 2019

Please read and follow the instructions to properly complete this application. If additional space is needed for answers, please limit to one page. Incomplete applications and application completed incorrectly may not be considered for funding.

Application Deadline: May 18, 2018

1. Legal Name: _____

2. Federal Tax ID Number (EIN): _____

3. Mailing Address:

Street

City

ST

Zip

County

4. Payee Mailing Address (if different from above):

Street

City

ST

Zip

County

5. Type Of Entity:

..... Nonprofit Organization (501(c)3) Governmental Agency (Animal Shelter)

6. Does this organization/agency fall under the TN Spay Neuter Law, which requires spay/neuter? (TCA §44-17-502 & §44-17-503)?YesNo

7. Project Contact Person:

Name: _____

_____ Title: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____

8. Financial Officer:

Name: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____

9. What is the PRIMARY county or counties this program covers?

10. What is the cost of each procedure for the program for which the grant is requested? (Do not include costs of vaccines, microchips or any other medical procedures.)

cat spay \$ ~~.....~~ cat neuter \$ dog spay \$ dog neuter \$ ~~.....~~

11. What is the target population intended to be served by the program funded by this grant (e.g., low income, indigent, elderly, shelter or foster animals being adopted by target population, etc.)

12. How does your organization/agency document the financial need of individuals in the target population? Describe the method the organization/ agency uses to separate people who are eligible for this grant program from other clients of your organization/agency? (Note: The Tennessee Department of Agriculture reserves the right to request selected documentation.)

13. List the number of all spay/neuter procedures performed by the organization/agency during the last year.

number of cat spays ~~XXXXXXXXXXXX~~
number of dog spays ~~XXXXXXXXXXXX~~

number of cat neuters
number of dog neuters

14. Did the organization/agency receive an "Animal Friendly" grant last year? "

"Yes "No Amount awarded:\$" _____

How many animals were altered using "Animal Friendly" grant funds?

15. Does the organization/agency shelter (brick & mortar facility) animals? "

"Myg" "Bc" "

16. Does the organization/agency provide post-surgical pain and monitoring instructions? " Yes " No

REQUIRED ATTACHMENTS

(All applicable attachments **MUST** be included in order for an application to be complete.)

- A. Organizational structure of the organization/agency. Include names of any officers and board members if applicable.
- B. **Nonprofit entities.** Attach a copy of the IRS letter designating your organization as a 501(c)3. Only the IRS letter should be submitted. DO NOT include other related documentation.

OR

Governmental agencies. Attach a statement indicating that the submission of the application is authorized by your local governing agency official (e.g., mayor, county executive, etc.).

If you have never received payment from the State, you will need to register as a Supplier at:"

.....https://sso.edison.tn.gov/psp/paprd/SUPPLIER/SUPP/h/?tab=PAPP_GUEST.....

You may contact Tina Rogers, Animal Friendly Grant Coordinator, animal.friendlygrants@tn.gov for assistance.

If your account or address information has changed, please fill out the forms referenced below and mail to:

Supplier Maintenance
21st Floor WRS Tennessee Tower
312 Rosa L. Parks Ave
Nashville, TN 37242

Amount of grant requested: \$ _____

Signature of organization/agency representative

Title

Date