

TENNESSEE DEPARTMENT OF HEALTH

RFA # 34339-09617

Application for Animal Friendly Spay/Neuter Grant
Fiscal Year 2017

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 applications completed incorrectly may not be considered for funding.

APPLICATION DEADLINE: MAY 12, 2016

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)? No Yes

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 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 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 your target population? (Note: The Tennessee Department of Health reserves the right to request selected documentation.) No Yes

13. List the number of all spay/neuter procedures performed/arranged by your organization/agency in the last 12 months.

number of cat spays _____ number of cat neuters _____

number of dog spays _____ number of dog neuters _____

14. Does the organization/agency shelter (brick & mortar facility) animals? No Yes

15. Does the organization/agency foster animals? No Yes

- 16. Does the organization/agency have an adoption program? No Yes
 - 17. Is the organization/agency anticipating other grants/awards? No Yes
 - 18. Does the agency/organization provide post-surgical pain and monitoring instructions?
 No Yes
 - 19. Does the agency sell vouchers, perform the procedures on-site or use a private veterinarian?
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REQUIRED ATTACHMENTS

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

- A. Organizational structure of the organization/agency. Include names of any officers and board members if applicable.
- B. Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (Attached)
- C. State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions (Attached)
- D. 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.).

Amount of grant requested: \$ _____

Signature of organization/agency representative

Title

Date