

GRANT APPLICATION: 2022**Organization:**

City & State:

Website and/or FB page:**Organization President Name, Phone & Email:****Contact Person (for this grant), Phone & Email:**

1. Is your organization registered and/or licensed to operate a not-for-profit organization in your state?:

2. In (year): Total revenues \$: Total expenses \$: % expenses for paid staff:

3. Total amount of grant request \$: Provide breakdown:

\$: spay/neuter for owned pets or community cats;

\$: medical expenses for owned pets or community cats (no more than 10% of your total request)

\$: for other expenses (include simple budget and description in your narrative)

*Grants are for the spay-neuter of owned pets (owned by the public) or community cats. Required services such as rabies or pain meds are included in the spay-neuter costs. Examples of medical expenses incurred during spay-neuter surgery: antibiotics, hernia or pregnancy fees.**Examples of other expenses: spay-neuter clinic equipment, humane traps, transportation expenses to get animals to a clinic or expenses for partnership with the local shelter. If your grant request relates to altering shelter animals before adoption or other programs not listed above, please contact Sarah Hess to discuss before submitting an application.*4. List the top two providers (include city) you use for spay/neuter and their average fees:

Clinic Name: 40 lb female dog \$ female cat \$:

Approximately how many surgeries can this clinic provide to your program, per month?:

Clinic Name: 40 lb female dog \$ female cat \$

Approximately how many surgeries can this clinic provide to your program per month?

5A. In (year); approximately how much did you spend for spay-neuter programs (owned pets, TNR)? Do not include spay-neuter of animals in adoption program or transferred to other humane groups \$:

5B. Detail the sources for the spay-neuter spending listed in 5A. Estimated figures are fine.

Donations \$: Events \$: Owner Co-Pays \$: Grants \$: Other \$:

E-Signature:**Title:****Date:***Your signature on this application shall act as a certification that all information contained therein is true and accurate.**Incomplete applications will not be considered; please attach PDF's as described below and email to TwoMauds@gmail.com*

1. Complete both pages of the Application; save with the following nomenclature: [Org. Name] 2022 Grant Application

2. Collect the required attachments: (a) IRS determination letter, (b) most recent 990 (not 990 postcard) or recent financial statements, (c) list of current board members, (d) state non-profit business license, if applicable. Combine the attachments and save as 2nd PDF document using nomenclature: [Org Name] 2022 Attachments

GRANT NARRATIVE: 2022

If Two Mauds, Inc. awards you a grant, this Grant Narrative along with the Grant Application, will become part of a written agreement with Two Mauds and funding must be spent according to the information contained herein.

Be concise. Explain how your current spay-neuter program is structured and how this grant would be used. You can outline what shelters/animal control provide coverage in your area and who operates them (city, county, private, etc.). Detail your relationship with these shelters and other humane groups. Include any data for shelter intake or success stories from past projects, including fundraising projects. Review the blog posts on TwoMauds.org for suggestions.