

GRANT APPLICATION - INFORMATION: 2021

Organization: _____ City, ST: _____

Website and/or FB page: _____

President: _____ Email: _____

Contact (for this grant): _____ Phone: _____

1. Is your organization registered and/or licensed to operate a not-for-profit organization in your state? :
Varies by state. If your state does require registration/licensing, please include in your attachments.

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

3. Total amount of grant request: _____ The requested amount would be used:

Spay/neuter for owned pets or community cats:

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

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 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 you use for spay/neuter and their average fees:

Provider 1: _____ 40 lb female dog \$: _____ female cat \$: _____

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

Provider 2: _____ 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: _____

Name: _____ Title: _____ Date: _____

Your signature on this Grant Application shall act as a certification that all information contained therein is true and accurate. Incomplete applications will not be considered; email to Twomauds@gmail.com:

1. Complete both pages of the Grant Application. Save with the following nomenclature: [Organization Name] 2021 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: [Organization Name] 2021 Attachments

GRANT APPLICATION - NARRATIVE: 2021

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

Explain how your current spay-neuter program is operating. What other animal control services or other humane groups are in your area and how do you interact with them? Include any data for shelter intake or success stories from past projects, including fundraising projects. Review the blog posts on TwoMauds.org for more information. **Please be concise:**