



Fix Georgia Pets 2023 Grant Application Form

Please complete this form in its entirety and send the application and all attachments to grant@fixgeorgiapets.org

Organization Name:	
EIN #:	
Address:	
County:	
Grant Manager & Title:	
Phone:	
Email:	

ORGANIZATION TYPE:

Municipal Animal Control/Shelter

501(c)3 non-profit organization

501(c)3 non-profit organization with local government contract

Other (please describe):

REQUEST

Amount Requested:	
Counties that will be served:	

To be used for:

Owned Pets of low-income residents

TNR for Community Cats

Other (please describe):

SURGICAL RESOURCES

_____ **Surgeries are performed at our clinic**

of Surgical Tables:
 # of Full-Time Vets:
 # of Relief Vets:
 # of Surgery Days per Month:

Rates:

	Neuter Cost	Spay Cost	Weight Range
Small Dog			
Medium Dog			
Large Dog			
Owned Cat			
TNR Cat			

_____ **Surgeries are performed at an off-site clinic/veterinarian**

Clinic 1 Name:
 # of Days used per Month:

Clinic 1 Rates:

	Neuter Cost	Spay Cost	Weight Range
Small Dog			
Medium Dog			
Large Dog			
Owned Cat			
TNR Cat			

Clinic 2 Name:
of Days used per Month:

Clinic 2 Rates:

	Neuter Cost	Spay Cost	Weight Range
Small Dog			
Medium Dog			
Large Dog			
Owned Cat			
TNR Cat			

Clinic 3 Name:
of Days used per Month:

Clinic 3 Rates:

	Neuter Cost	Spay Cost	Weight Range
Small Dog			
Medium Dog			
Large Dog			
Owned Cat			
TNR			

_____ **We operate a mobile unit**

of Days used per Month:
Approx. # of surgeries/day:

_____ **Other** (please describe):

OPERATIONS

IN THE LAST FISCAL YEAR:

Organization Income: \$

Organization Expenses: \$

Spay/Neuter Surgeries

of Owned Dogs:

of Owned Cats:

of TNR:

of Other (Municipal/County shelter animals, rescues, etc.):

2022 YTD SPAY/NEUTER SURGERIES:

	Jan.	Feb.	March	April	May	June	July	Aug.
Dogs								
Cats								
TNR								

Does your organization handle adoptions? _____ Yes _____ No

What are your adoption fees?

of Animals adopted in the last fiscal year:

Please describe the primary needs and hurdles for spay/neuter in your community (Ex. limited access to clinics/vets, no TNR ordinance, etc.):

GRANT IMPLEMENTATION

FOR OWNED PETS

Of the requested funds, how much do you plan to use for owned pets?

What is the primary focus of this grant funding? (Ex. large dogs, priority areas, etc.)

Do owners contribute towards the costs? (Ex. owner pays \$X towards surgery cost, owner covers cost of rabies, no money collected, etc.).

Please describe how your program to help owned pets will be implemented:

FOR COMMUNITY CATS

Of the requested funds, how much do you plan to use for TNR?

Does your city/county allow for a Community Cat program (trap-neuter-return for feral, free-roaming, community cats)? ____ Yes ____ No

Please describe your TNR program and how your program will be implemented:

ADDITIONAL INFORMATION

Please provide any additional information you would like Fix Georgia Pets to know in considering your application.

ATTACHMENTS

Please include all applicable attachments with your application:

_____ 2021 W-9

_____ IRS 501(c)3 determination letter

_____ IRS 990 of the most recent fiscal year

_____ Current fiscal year agency budget

_____ Previous year's financial statement of income and expenses

GRANT REQUIREMENTS

- All projects/programs must be completed within 12 months of receipt of funding.
- Unexpended Funds must be refunded to Fix Georgia Pets within 30 days of the end of the project.
- Requests for extensions are discouraged. If it is imperative to request an extension, such a request must be made in writing at least 30 days prior to the end of the project.
- A final Progress Report to certify completion must be sent to Fix Georgia Pets at 3522 Ashford Dunwoody Road, #354, Atlanta, GA 30319 or emailed to grant@fixgeorgiapets.org
- Failure to submit reports and requests within the required time period will impact your agency's future grant applications.

Please submit this application and attachments to
grant@fixgeorgiapets.org