



# Animal Friendly Spay/Neuter Grant FY 2024 Application

APPLICATION DEADLINE: May 12, 2023

1. Organization's Legal Name: \_\_\_\_\_

2. Federal Tax ID Number (EIN): \_\_\_\_\_

3. Has your organization received the Animal Friendly Grant in the past?

Yes, **Edison Supplier ID (This is a number, not your account login):** \_\_\_\_\_

No. If no, have you applied for your Edison Supplier account yet?     Yes     No

4. Is your organization in West, Middle, or East Tennessee? \_\_\_\_\_

5. Mailing Address For Organization:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Please mark which box(es) that applies to your organization.

7. Type of Entity:  Nonprofit Organization (501(c)3) or  Government Agency/Animal Shelter

\*\*\* Is your Business a:  Minority Owned or Ran Business

8. Does this organization/agency fall under the Tennessee Spay Neuter Law, which requires spay/neuter? (TCA § 44-17-502 & TCA § 44-17-503 §)?     Yes     No

9. Primary Project Contact Person:

Name: \_\_\_\_\_

Title/Function in the organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

10. Secondary Project Contact Person:

Name: \_\_\_\_\_

Title/Function in the organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

11. Financial Officer:

Name: \_\_\_\_\_

Title/Function in the organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

12. What is the ***PRIMARY*** county your Organization serves? \_\_\_\_\_

13. What are the other counties your organization serves? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. What is the average cost per procedure for spay and neuter services your organization is charged (Please note that this should not include the costs of vaccines, microchips, or any other medical procedures? **Do not use a price range, use an average if it is a range**).

Cat Spay \$ _____	Dog Spay \$ _____
Cat Neuter \$ _____	Dog Neuter \$ _____

15. Please list the number of all spay/neuter procedures performed/provided by your organization/agency during the past year (**January 1, 2022-December 31, 2022**).

Cat Spays _____	Dog Spays _____
Cat Neuters _____	Dog Neuters _____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. 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 and will request it if needed. **DO NOT INCLUDE DOCUMENTATION WITH YOUR APPLICATION!!!**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Did your organization receive an Animal Friendly Grant for the fiscal year 2023?

No  Yes: Amount received: \$ \_\_\_\_\_

If yes, how many animals received spays and neuters to date with the FY2023 funds? \_\_\_\_\_

19. During the year 2022, did your organization receive grants from any other organization or government agency that was used for spaying or neutering cats and/or dogs?

No  Yes: Amount: \$ \_\_\_\_\_

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

No  Yes

21. Does the organization/agency provide post-surgical pain and monitoring instructions?

No  Yes

22. How long has your organization been in continuous operation? \_\_\_\_\_

23. What month and day is the end of the organization/agency's fiscal year?

\_\_\_\_\_

24. What amount is your organization requesting for Fiscal Year 2024 (***Please use a dollaramount,***

***Maximum is \$5,000***)? \_\_\_\_\_

# Signature Page

**Please check to be sure you have done all the following before signing below:**

- Answered **all** questions on the application.
- Provided an organizational chart or a list of board members on the organization letterhead (other documents are not acceptable).
- Provided a copy of the IRS letter designating your organization as a 501(c)3 or a letter or statement indicating that the submission of the application is authorized by your local governing agency official (for government agencies).
- For New Applicants:** Organization has applied for an Edison account. Please provide the confirmation email you received when you registered with your application.

---

**Name of Organization**

---

**Organization's Edison ID**

---

**Printed Name of the Organization/Agency Representative**

---

**Title/Job Position of Organization/Agency Representative**

---

**Signature of the Agency Representative**

---

**Date**