

**Arizona Companion Animal Spay and Neuter Committee**  
*Request for Donation Guidelines and Criteria*

**Please Read Carefully as the Guidelines Have Changed**

***Important Information for Grant Applicants***  
***Please Read***

*The Arizona Companion Animal Spay and Neuter Grants Committee would like to offer a few tips for submitting your application. First, please be reminded that this is a competitive process. Requests generally exceed the amount of money available annually. Therefore, not every application will receive funding and not every grant will be funded at the level requested. Evaluators take into consideration many factors, including but not limited to geographic need, community resources, demonstrated ability to manage the grant effectively, and the impact on the animal and human population to be served.*

*To ensure that your application gets every consideration, please carefully read and follow the guidelines. Provide **ALL** the information requested. **ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.** Answer each section with as many specifics as possible in a concise and clear manner with direct relevance to the question, so the evaluators will clearly understand your program and its importance to your community. The quality of your application is an important statement about your organization and its ability to administer the program for which the grant money is requested.*

For 2015, the Arizona Companion Animal Spay and Neuter Committee will disburse a minimum of 90% of the monies deposited in the "Spaying and Neutering of Animal Fund" from July 1, 2014 to June 30, 2015. As of end of April 2015, the fund had \$141,985. Awards to multiple organizations may be made.

Applications Requirements

1. Applicants must meet one of the following criteria:
  - a. Be an animal welfare organization that files under section 501 c(3) of the United States revenue code for income tax purposes and that offers or subsidizes sterilization services for dogs and cats within the State of Arizona.
  - b. Be an animal control agency that offers or subsidizes sterilization services for dogs and cats within the State of Arizona.
2. The application must propose an activity compatible with the Arizona Companion Animal Spay and Neuter Committee mission and in accordance with ARS 28-2422: "The companion animal spay and neuter committee shall allocate monies to a qualifying entity that allocates the monies to programs that seek to reduce pet overpopulation by sterilizing, at minimal or no cost, dogs and cats in the state, including those that are impounded pursuant to section 11-1022".
3. To be eligible for funding, candidates must facilitate the sterilization of at least one of the following:
  - a. Public Spay/Neuter Program

- b. Open Admission Non-Profit Animal Welfare/Government Animal Welfare Spay/Neuter Programs
  - c. Free-Roaming (Feral) Spay/Neuter Program
- 4. To be considered for funding the application must be complete and received by the committee or postmarked by the deadline. Otherwise the application will not be considered.  
Three total packets (one original and two copies) of the following:
  - a. the completed original application
  - b. the identified enclosures (see section IV and V)
- 5. Requests for funding may not exceed \$10,000 per project. However, based on the number of applicants, the scope of the proposed projects and the funds available, the evaluator's recommendations may include an adjustment (increase or decrease) of the funds requested by the applicants.
- 6. Accurate record keeping and accounting is imperative. Applicants must allow site visitation by representatives of the spay/neuter committee to be considered for funding.

**Arizona Companion Animal Spay and Neuter Committee**

**Application Form**

**Section I. Contact Information**

Name of Organization: **Gila County Animal Control**

Address: **1400 East Ash Street**

City/State/ZIP: **Globe, Arizona 85501** County: **Gila**

Phone: **928-402-8873** Fax: **928-425-8150** Email: **jccastaneda@gilacountyaz.gov**

Project Leader Information:

Name: **John Castaneda**

Title: **Animal Control Manager**

Address: Mail **1400 East Ash St./ Shelter address 700 Hackney Ave**

City/State/ZIP: **Globe, Arizona 85501**

Phone: **928-402-8873** Fax: **928-425-8150** Email: **jccastaneda@gilacountyaz.gov**

**Section II. Community Information**

1. Describe the community that you serve.
  - a. city/county/region that you serve: **Globe, Miami, Payson (Northern/Southern Gila County)**
  - b. estimated human population: **53,000**
  - c. estimated number of homeless animals in your community (companion animals that enter the government animal control agency and other animal welfare organizations per year): **1,400**

**Section III. General Organizational Information**

1. Organizational Mission: **To serve and protect the citizens and animals within Gila County**
2. Annual Operating Budget for Current Fiscal Year: **351,994.00 2014-2015**
3. Annual Statistics for your Organization. Please complete the following table

referencing either the last 12 months of performance, or the performance of the most recent fiscal year.

Annual Statistics	Dogs	Cats	Total
Animal Intake	1003	412	1415
Adoptions	31	9	40

Sterilizations	Dogs	Cats	Total
Public	0	0	
Sheltered	0	0	
Free-Roaming/(Feral)	0	0	
Total	0	0	

4. What is your average cost per surgery?

	Average Cost per Surgery
Male Cat	\$40.00
Female Cat	\$60.00
Male Dog	\$80.00
Female Dog	\$95.00

5. What is your live release rate? 19.3%

To calculate your live release rate, follow this formula: Total adoptions + total transfers (rescue or otherwise) + total returned to owner divided by your total Outcomes (excluding owner/guardian requested euthanasia and dogs and cats that died or were lost in the shelter/care. Live release rate is given in percentage form.

$(\text{Adoptions} + \text{Transfers} + \text{returned to owner}) / (\text{Total Outcomes})$

6. Check all information that accurately describes your organization:

- government agency
- private, non-profit organization with 501(c)3 status, no government contract
- private, non-profit organization with 501(c)3 status, with government contract
- none of the above

7. Describe your organization – check all that apply:

- open admission shelter
- spay/neuter organization only

other (specifically and fully describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Is your organization available for onsite visits and inspections from the public and this Committee?

yes What are your hours of operation? **Monday thru Friday 8am-5pm**

no Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section IV. Description of Project**

1. The project for which you are seeking funding is:

new program       existing program

2. Target Animal Population and amount for funding request

<b>Target Animal Population</b>	<b>Funding Request Amount</b>
<input checked="" type="checkbox"/> Public Spay/Neuter Program for Dogs and Domesticated Cats	\$10,000.00
<input type="checkbox"/> Free-Roaming (Feral) Cat Spay/Neuter Program	\$ _____

**Please note: Funds are designated for sterilization costs only. Purchase of equipment, vaccinations, travel or other ancillary costs will not be funded.**

3. Use a separate sheet of paper to describe the program. Do not exceed two 8 1/2 x 11 single spaced typewritten pages. Type: Arial or Times New Roman, 12 point size, one inch margins. (50 points A & B)

A. Describe the project(s) for which you are requesting funding.

B. Include the number of animals to be served by this project.

4. Describe how you will raise awareness in the community of:

- Spaying and neutering
- Pet friendly license plate

(20 points)

5. Describe the segment of population to be served by the program (animal and human) (20 points).

**These total 90 points**

## **Section V. Enclosures**

The following enclosures **MUST** accompany your application to be considered:

1. The organization and the executive and management staff in charge of the project. A list of the Board of Directors and other volunteer organizational leadership, if you are a non-profit organization (list of names and contact information).
2. A letter signed by the executive in charge that all veterinarians working on the project have and maintain a current State of Arizona veterinary license throughout the project.
3. If you are applying for funding for a free-roaming (feral) program include a statement verifying that the cats are ear-tipped and given a rabies vaccination.
4. A copy of the organization's 501(c)3 determination letter, if you are a non-profit organization.
5. The end of year (2014) balance sheet for the organization.
6. A letter from the appropriate official guaranteeing that the funds will be used specifically for the purpose requested only.
7. Project Coordinator name, phone number and email address to be published on the azpetplates.org web site.

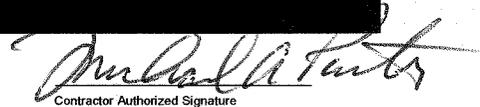
Please send three complete packets of information (original and two copies of all enclosures identified) for each project applying for by: **August 31, 2015**

To the following address:

Arizona Companion Animals Spay and Neuter Committee  
c/o Chairman Rodrigo Silva  
Assistant County Manager, Maricopa County

2500 S 27th Ave  
Phoenix, AZ 85009

Gila County Animal Control  
Contractor Name  
1400 East Ash Street  
Globe, Arizona 85501

  
Contractor Authorized Signature  
Michael A. Pastor  
Chairman, Board of Supervisor