

**GEORGIA DEPARTMENT OF AGRICULTURE  
DOG AND CAT STERILIZATION GRANT PROGRAM APPLICATION 2016**

I. Applicant information

Name of Applicant Agency: \_\_\_\_\_

Grant Project Coordinator \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Email Address \_\_\_\_\_

GDA License Number \_\_\_\_\_

Local Business License No./City/County \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

State Tax ID: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACURATE TO THE BEST OF MY KNOWLEDGE, THAT I HAVE SUBMITTED THIS APPLICATION ON BEHALF OF THE APPLICANT ORGANIZATION AND THAT I HAVE THE AUTHORITY TO ACT ON BEHALF OF APPLICANT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

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**II. Organization Information**

Executive Officer Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Fiscal Contact/Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**\*The Animal Shelter, Veterinary Association or non-profit Animal Rescue Organization must reside in Georgia in order to be eligible for the Dog and Cat Sterilization Grant Program.**

List current Board of Directors:

Name	Title	Years of Service on Board

Number of Paid Employees \_\_\_\_\_ Number of Full Time Employees \_\_\_\_\_

Number of Part time Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

Est. Total Volunteer Hours per week \_\_\_\_\_ Number of Foster Homes \_\_\_\_\_

Has the above organization been found in violation of the Georgia Animal Protection Act, O.C.G.A. § 4-11-1, et seq., Departmental Rules, or been charged with animal cruelty pursuant to O.C.G.A. §16-12-4?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "yes" please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**III. Financial Information**

**A. Nonprofit Rescues**

i. Nonprofit rescues must provide proof of their 501(c)(3) status issued by the Internal Revenue Service at the time of filing. Please do not send a copy of a tax return or a copy of incorporation by the Georgia Secretary of State to fulfill this requirement.

ii. Nonprofit rescues must also provide proof of incorporation by the Georgia Secretary of State.

**B. Animal Shelters**

i. Effective July 1, 1999, every county and city within that county is required to adopt a Service Delivery Strategy. This strategy is an implementation plan among cities and counties to provide local government services and resolve land use conflicts within the county. These strategies are submitted to the Georgia Department of Community Affairs for approval and the DCA is in charge of monitoring compliance. Because of this law, no state-administered financial assistance can be awarded to a local municipality that is not in compliance. This requirement applies to all Georgia county governments, city governments, and authorities.

**C. Veterinary Associations**

i. Veterinary Associations must provide proof of their 501 (c)(3) status issued by the Internal Revenue Service at the time of filing. Please do not send a copy of a tax return of a copy of incorporation by the Georgia Secretary of State to fulfill this requirement.

ii. Veterinary Associations must also provide proof of incorporation by the Georgia Secretary of State.

**IV. Organization Services**

Check all the following Services Provided:

<input type="checkbox"/> Unlimited Intake Shelter	<input type="checkbox"/> Limited Intake Shelter	<input type="checkbox"/> Foster Homes
<input type="checkbox"/> Animal Control	<input type="checkbox"/> Spay/Neuter Services	<input type="checkbox"/> Adoption

Average Number of:

<input type="checkbox"/> Intake Animals per Year	<input type="checkbox"/> Adoptions per Year
<input type="checkbox"/> Animals Spayed per Year	<input type="checkbox"/> Animals Neutered per Year





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**VI. Veterinary Services**

- \* All Applicants must attach a letter of collaboration from all veterinarians who will provide spay/neuter services. The letter should include a statement describing the fee schedule to be followed or pay arrangement and whether the veterinarian(s) are on your staff , on contract, in a spay/neuter clinic, or in private practice. Please list all participating veterinarians.

Veterinarian(s) performing procedures:

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

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Georgia License # \_\_\_\_\_ Accreditation No. \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Georgia License # \_\_\_\_\_ Accreditation No. \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Georgia License # \_\_\_\_\_ Accreditation No. \_\_\_\_\_

- \* **Veterinarians used to perform the sterilization procedures must be licensed by the Georgia Secretary of State and accredited though U.S.D.A. All veterinarians must perform the sterilization procedures using acceptable standards of care.**

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What is the fee range or other agreement paid for spay and neuter services?

	Total Amount Paid Using Grant Funds
Range for Male Cat	\$
Range for Female Cat	\$
Range for Female Dog	\$
Range for Male Dog	\$

- \* Grant funds shall be used for sterilization surgeries only and shall not be used for capital or administrative expenses or for procedures not directly related to sterilization surgery, such as promotions, vaccinations, testing, licensing, food, medicine, and/or other medical procedures.

If no fee arrangement has been agreed to, what is your agreement with the collaborating veterinarian(s)?

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**\*PLEASE DO NOT STAPLE APPLICATION OR OTHER DOCUMENTS\***

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By signing below Applicant attests to the following:

- (1) Applicant ATTESTS that the information provided in this grant application is true and correct.
- (2) Applicant ATTESTS that it possesses the legal authority to apply for this grant. Applicant further ATTESTS that the individual filing the application has the authority to do so.
- (3) Applicant ATTESTS that it resides and operates in Georgia and will use the grant funds for Georgia animals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 2016

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

Affix Seal here:

\* NOTE: Incomplete Applications will not be considered. There is not a notification or appeals process for applications that are not accepted due to incomplete or missing documentation. All applications received are final. Applications must be postmarked prior to the receipt deadline; applications postmarked prior to the deadline will no longer be accepted if received by the Department Five (5) working days past the established deadline

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**CHECKLIST OF ATTACHMENTS AND REQUIRED DOCUMENTATION**

<b>Non-profit Animal Rescue/Veterinary Association</b>	<b>Licensed Animal Shelter</b>
Completed Grant Application	Completed Grant Application
Veterinarian Collaboration Letter	Veterinarian Collaboration Letter
Current Animal Shelter License – IF applicable	Current Animal Shelter License
IRS 501 (c) (3) Determination Letter	Service Delivery Compliance Certification Form
Proof of Incorporation from the Georgia Secretary of State	