ANIMAL FRIENDLY LICENSE PLATE

GRANT APPLICATION FORM

Please complete and sign the application form. Return it to us with the attachments and other required documentation listed at the end of this document.

Applicant Name:

Shelter/Agency/Clinic:

Address:

City/State/Zip:

Contact Number(s):

Email:

Describe your current (or proposed) low cost pet sterilization program, which provides (or will provide) services to indigent pet owners on these programs: Food Stamps, ADFC, Unemployment Benefits, NAME THE REST here...

How does your agency confirm that your clients are recipients of the named public assistance programs?

What is your annual operating budget?

How many staff members does your agency/shelter/clinic/practice employ?

How many full or part time members of your staff are employed to carry out publicity or outreach activities? Full time Part time

GRANT GUIDELINES AND CRITERIA

Introduction

The Louisiana Animal Friendly License Plate Program was created by LA. R.S. 47:463.60 and is administered by the Louisiana Pet Overpopulation Advisory Council.

It is funded by the proceeds from the sales of Animal Friendly license plates. The Council is required to establish a grant application process and to distribute funds based on applicant's eligibility and proper criteria. The funds available for grants will be dependent upon the number of specialty plates sold.

Eligibility

I. A LOUISIANA NON-PROFIT 501 © 3 ORGANIZATION.

II. ANY VETERINARIAN OR VETERINARY HOSPITAL LICENSED IN

LOUISIANA.

Deadline

Grant applications will be accepted beginning September 1, 2024. Proposals must be submitted online by midnight on October 15th, 2024 or postmarked no later than October 15th, 2024.

Pet Overpopulation Advisory Council

P.O. Box 740402

New Orleans, Louisiana 70174

I. GRANT APPLICATION REQUIREMENTS FOR HUMANE SOCIETIES

1. A LOUISIANA NON-PROFIT 501 © 3 ORGANIZATION. Please provide the following information:

Organization Name:

Mailing Address:

Physical Address (if different):

Contact Person & Title:

Telephone:

General Organizational Information

Please attach the following:

A. Mission Statement.
B. Annual Operating Budget for Current Fiscal Year.
C. List of Board of Directors, including titles and contact information.

Project Description

A. Please provide a brief description of your spay/neuter project. Include Measurable goals, target dates, price breakdown per estimated surgery, and how the funds will be used. Please also include the length of time your program has been operational as well as a list of all community partners.
B. Rabies inoculations must be performed during each sterilization surgery.

2. Please chose the level of funding you are requesting (only one grant per organization per year)

$3,000.00

$2,000.00

$1,000.00

3. Follow up report requirement. All grantees must submit a follow up report, a Grant Tracking Form, that provides the number of animals altered and breakdown of species. Please download report or fill out online. Grantees will be notified of the Grant Tracking Form deadline before the end of the year.

4. Eligibility. Limited to one grant per year, per applicant.

Enclosures

1. Please provide the organizational flow-chart to show staff members and volunteers in charge of project.
2. Copy of organization's 501 © 3 determination letter and Article of Incorporation.
3. Copy of most current fiscal report (audited or non-audited).

Review Process

Each completed grant application will be reviewed by members of the Pet Overpopulation Advisory Council. Grants will be awarded based on merit and need.

Signature

By submitting this application, the applicant organization allows the Louisiana Pet Overpopulation Advisory Council to use the name of their organization in any promotional and marketing materials that might be designed and distributed to promote the mission of this council.

Authorized Signature:

Date Signed:

Printed Name & Official Title:

Please complete and return to:

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II. ANY VETERINARIAN OR VETERINARY HOSPITAL LICENSED IN LOUISIANA.

1. How is your program 'low cost' relative to other services in your service area. Specifically, how is it 'low cost' comparable to other services available in your service area? (Please include specifics of costs relative to those of other service providers in your area. Please submit on additional page(s).

I, the undersigned, do hereby attest that I am authorized to submit this application on behalf of the applicant and that our agency/shelter/clinic/practice will utilize any funds, if awarded, for purposes of providing low cost pet sterilization services to qualified applicants.

SIGN NAME:

TITLE:

AGENCY/SHELTER/CLINIC/PRACTICE:

CONTACT NUMBER:

ADDITIONAL ATTACHMENTS REQUIRED

1. Parish or Community Shelters: a copy of your agency's spay/neuter policy on shelter or governmental letterhead, signed by the shelter manager or managing official. OR
2. Animal Protection Charities: a copy of your agency's 501 © 3 animal advocacy organization; if the chapter of a larger organization, a copy of the parent agency's 501 © 3 letter and a brief statement of your chapter's mission and officers. OR
3. Veterinarians or Veterinary Clinics: a copy of your Louisiana license to practice veterinary medicine.

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