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**Grant Application Form**

Please complete all parts of the form. Only typed, electronic applications will be accepted for consideration.

Dogs Trust USA may contact the applicant for further clarification regarding information contained on the form or to provide additional information or photographs.

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| **Summary of Application (Please copy information you provided on the standard form)** | |
| 1. Reference Number  *Please leave blank – this will be completed by Dogs Trust USA* |  |
| 2. Date of application |  |
| 3. Name of organization |  |
| 4. Name and contact details of person making the application. |  |
| 5. Project Title |  |

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| **Questions for Spay/Neuter Project** |
| Objectives   1. What is the current need for a spay/neuter project? 2. What are your key objectives for the spay/neuter project? 3. How many dogs are you hoping to reach within the project? What is this as a proportion of the estimated total dog population for the target area? |
| *Expand as necessary* |
| Experience   1. What experience does your organisation have in running spay/neuter programs? 2. Have you carried out any spay/neuter projects previously? Did they have any measurable impact? |
| *Expand as necessary* |
| Local Authority Support   1. Do you have a working relationship with local public shelters/animal care services? 2. Do you receive or have access to any data on intake, number of dogs rehomed, number of dogs euthanized by local public shelters? |
| *Expand as necessary* |
| Dog Population, Surveys and Impact Measurement   1. What are the estimated human and dog populations in the project area? 2. If known, how was this figure derived? 3. Are you planning to conduct any owner or dog population surveys as part of your project? If so, please provide details on how it will be conducted/the methodology that you will follow. 4. Have you carried out any surveys previously? If so, do you have a survey report which you could forward to us? 5. How will you measure the impact of your spay/neuter project? |
| *Expand as necessary* |
| Project Location   1. What is the project location size, how are you deciding where to focus? 2. Will you be focussing on a particular geographical area for your program? Please provide a detailed map of the area you are going to run your project in? |
| *Expand as necessary* |
| Project Delivery   1. Please describe the whole process – from when dogs arrive at the clinic/hospital until they are sent home with their owners. 2. How often will surgeries be taking place (number of days per week/month)? 3. How many dogs per week will be coming through the program? 4. Are dogs being spayed/neutered through the program also being micro-chipped? 5. How often is each targeted area re-worked? |
| *Expand as necessary* |
| Clinical skills  (Please also complete the vet questionnaire on our website)   1. Where will spay/neuter surgeries take place? 2. What is the set-up of the clinic/mobile unit that you will be using as part of this project? 3. How many spay/neuter procedures would each vet surgeon perform on a daily basis? 4. How long are dogs kept in for post-op care? 5. What are your procedures for post-operative complications? |
| *Expand as necessary* |
| **Other information** |
| Please feel free to provide any other information relevant to your project you feel might be useful for us to know.  *Expand as necessary* |