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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 Part 1 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 Veterinary Care Projects** |
| Objectives   1. What is the current need for vet services in the community? 2. What are your key objectives for the project? (e.g. spay/neuter of owned dogs, low cost vet care for owned dogs, microchipping etc) 3. How many dogs are you hoping to reach within the project? 4. How will you quantify and measure the impact of the project? |
| *Expand as necessary* |
| Experience   1. What experience does your organization have in running such projects? 2. Did they have any measurable impact? |
| *Expand as necessary* |
| Project Location   1. Will you be focusing on a particular geographical area or zipcode(s) for your program? Please provide a detailed map of the project area. 2. What is the project location size, how are you deciding where to focus? 3. What is the size of the human population in the target area? 4. Do you have an estimate of the owned dog population in the target area? 5. What is the average income in the targeted community? |
| *Expand as necessary* |
| Project Overview   1. Can you explain how the whole program would work, from how and when pet owners contact you to when the services are provided? 2. Will the services be provided by your own vet clinic or at partner vet clinics on your behalf? If you will be working with partner clinics, what are the negotiated rates? 3. Can you provide more information on the staff/volunteers involved in this project and what their role would be? 4. Who can access the program; what are the eligibility criteria and is it means tested? 5. Will pet owners contribute at all towards the service (either financially or with a donation of any sort)? 6. Are there any restrictions on the number of times one person can access the services over a period of time? 7. How will dogs be transported from/to the clinic (if relevant) and for how long on average would dogs be transported? 8. How will the project be advertised and promoted? |
| *Expand as necessary* |
| Spay/Neuter of Owned dogs  *If you are also applying for a spay/neuter element within your veterinary care project please also complete the Part 2: Spay and Neuter application form, as well as the Veterinary Questionnaire on our website.* |
| *Expand as necessary* |
| If Applying for Vet Equipment   1. What equipment are you planning to purchase? Please provide copies of a quotation and technical specification sheets. 2. Can you clarify how each piece of equipment will have a positive impact on the dogs that pass through your clinic/program? 3. Will this have a positive impact on the quantity or quality of your work (or both)? Can you provide more details? 4. How many more dogs will the equipment allow you to help? 5. Have your staff received, or will they receive, any training in the use of the requested equipment (if relevant)? |
| *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* |