



**2018 Capital Expense/Equipment Application Form**

The following application form is used for projects that are requesting funds for large capital expenses/equipment: mobile clinics and non exhaustible surgical equipment for clinics and mobile clinics.

(Projects with the focus on pets or feral cats need to use the Pet-Focused or Feral Cat-Focused Application form)

Applicants seeking funds for capital expense/equipment funds should be aware of the following criteria and requirements:

* Municipal or county governments or non-profit animal welfare organizations with tax exempt status under 501 (c)(3) are eligible to apply to facilitate and promote the provision of spay and neuter services for cats and dogs.
* A **competitive** grant proposal:

Shall target low–income communities and populations to the maximum extent possible and detail how that goal is to be accomplished;

Shall efficiently and effectively facilitate and promote and increase the provision of spay and neuter services for cats and dogs; and

May include public education and outreach components.

* Projects must meet the purpose of the Fund. Grant projects that most effectively and efficiently facilitate, promote and increase spay and neuter services for cats and dogs for low income Marylanders and feral cats will be given priority.

Applicants must comply with all other statutory and regulatory requirements pertaining to the Spay/Neuter grant program. Applicants should familiarize themselves with those provisions of the Maryland Code. [Program Regulations](http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=15.01.10).

* Applicants must be in good standing with the State of Maryland.
* Applicants with shelters must be in compliance with the Standards of Care requirements set forth by Sections 2-1701 through 2-1705 under Subtitle 17, Animal Shelters, in the Agricultural Article of the Annotated Code of Maryland.
* The Applicant and personnel who will work on the project must have the qualifications and resources (reflected in the application) necessary to perform and complete the work proposed in the application.
* Applicants and their organizations should have no history of violations or fines with Maryland Animal Control authorities and any history of violations may be a basis for denying funding.
* Applicants shall coordinate with local animal control and shelter staff to confirm their project would impact intake and euthanasia.
* Applicants must complete and submit the grant application, with any required attachments as specified in these Guidelines and on the application forms by close of business (5:00 PM EST) on or before the posted grant deadline as it appears on the Request for Proposals (RFP) and on the MDA website ([Spay and Neuter Grants Program webpage](http://mda.maryland.gov/spay_neuter_program/Pages/default.aspx)).

**Please read all the Guidelines and Supplemental Material before Completing this ApplicationMARYLAND DEPARTMENT OF AGRICULTURE**

**SPAY AND NEUTER GRANTS PROGRAM**





**2018 CAPITAL EXPENSE/EQUIPMENT APPLICATION FORM**

*The purpose of the program is to reduce animal shelter overpopulation and cat and dog euthanasia rates by financing grants to local government facilities and animal welfare organizations for programs that most efficiently and effectively facilitate and promote the provision of spay and neuter services for cats and dogs in the State.*

**All fields are MANDATORY**. Application fields left blank may cause your application to be deemed incomplete and ineligible for further consideration. Any fields that are not applicable to your application should be indicated by entering “N/A”. The text fields in this form will expand as you enter your narrative. You may also attach extra page(s) if necessary.

**Please carefully proof read all of your text and check your math before submitting your application.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Proposal Administration INFORMATION | | | | | | | | | | | |
| **Title of Proposed Project** | | | |  | | | | | | | **Proposal Ref #**  **(for MDA use only)** |
| **Total Amount Requested** **No less than $5,000** | | | |  | | | | | | | **Prop Ref #** |
| **Name of Requesting Organization** | | | |  | | | **Address, City, State, Zip Code** | |  | | |
| **Phone | Fax of Applying Organization** | | | | **Phone:**  **Fax:** | | | **Website Address,**  **if any** | |  | | |
| **MDA Spay and Neuter Grants Program Criteria and Requirements***By checking the following appropriate boxes, the applicant certifies that the applicant meets our program basic criteria by:* **(Please CHECK):** **Being a Municipal or County Government, OR** **Being a Private Organization contracted by a county to provide animal services, OR** **Being** **an Animal Welfare Organization with tax exempt status under 501 (c) (3) If YES, please attach a PDF of your most current IRS Form 990 if applicable.** **AND:**  **Applicant is in good standing with the State of Maryland.**  **If the Applicant shelters animals, the Applicant is in compliance with Standards of Care requirements of *Sections 2-1701 through 2-1705, Subtitle 17, Animal Shelters, in the Agricultural Article of the Annotated Code of Maryland.***  **Applicant guarantees that their project personnel or organization has no history of fines or violations with any Maryland Animal Control Authorities or if so has clarified the matter with MDA prior to submittal.** | | | | | | | | | | | |
| **B. POINT OF CONTACT & ORGANIZATION INFORMATION** | | | | | | | | | | | |
| **Name of Organization’s Primary Point of Contact (POC):** | | | | |  | **Name of Organization’s Financial Point of Contact (FPOC):** | | | |  | |
| **Title:** | | |  | | | **Title:** | |  | | | |
| **Phone (and ext. if applicable):** | | | | |  | **Phone (and ext if applicable):** | | | |  | |
| **Email:** | | |  | | | **Email:** | |  | | | |
| **Employer Identification Number**: | | | | | | | | | | | |
| **Applying Organization: Number of Staff:**       **Number of Volunteers:**        **Briefly describe your organization (i.e. when established, # of animals you typically intake in a quarter, the area you service, etc. Only include information pertinent to the work you are proposing in this application (see Guidelines):**    **Operating Budget for 2017 :**       **Operating Budget for 2016:**  **Number of spay/neuter procedures your facility/organization has provided or facilitated for the last 3 years:**  **# of procedures for 2015:**        **# of** p**rocedures for 2016:**       **# of procedures for 2017:**  **If the number of surgeries your organization has facilitated has decreased from previous years, please explain why:** | | | | | | | | | | | |
| **Are you applying for another grant from this Program for this cycle? Please CHECK appropriate box.**  **No, this is our only application for this cycle. Proceed to Section C.**  **Yes, we are submitting more than 1 application to this program for this cycle.**  **IF YES- Please confirm that your organization has the capacity to perform all the tasks for all the applications proposed:**    **If your 2 applications are related to the same project, please state whether your organization has the capacity and resources to move forward with the project if MDA recommends funding one of your applications but not the other:**    **If your 2 applications are independent from each other, please indicate which application you feel should have priority if the Program can only fund one of your applications:** | | | | | | | | | | | |
| **C. PROJECT DETAILS** | | | | | | | | | | | |
| **C-1 Period of performance and Request Type** | | | | | | | | | | |
| **C-1-a- Period of Performance: Please give the start date and completion date to your project (month and year). The completion date should be 5 years from your start date:** **Start:**       **Completion:** | | | | | | | | | | |
| **C-1-b- Expense Description:**  **Describe your request. Please CHECK all that apply-Remember this Program can only consider equipment necessary for performing sterilization procedures. Building leases, construction, office equipment, operating costs, and reimbursements for items already purchased are not allowable expenses:** **Equipment for a new clinic.**  **Equipment for an expansion of an existing clinic.  Equipment for a mobile clinic.**  **Mobile clinic.**  **Other.** **In a few paragraphs summarize what you are requesting and for what purpose:** | | | | | | | | | | |
| **C-2 Need For Requested Capital Expense/Equipment Request** | | | | | | | | | | |
| **Check and Provide Information and Shelter Statistics and Information for ONE of the below:**  **C-2-a –Equipment Request for New Clinics (stationary or mobile): Describe the target area(s) (service area) including the present availability and capacity of no cost/low cost clinics, the closest veterinary services for low income pet owners or feral cats, demographics, animal population estimates, and other relevant information establishing why the selected target area is an area in need of additional low-cost/no-cost spay and neuter services. Shelter statistics should be provided in spaces provided below:**    **C-2-b-Equipment for Expansion Of Existing Clinic:** **Describe your present operating capacity and service area and why expansion is necessary (quantify client backlog, demand for services, etc). Describe your targeted service area (include all information described in C-2-A in the paragraph above plus other relevant information establishing why the selected target service area is an area in need of additional low-cost/no-cost spay and neuter services). Shelter statistics should be provided in spaces provided below:**    **C-2-C- Other: Describe the target area(s) (service area) including the present availability of no cost/low cost clinics, the closest veterinary services for low income pet owners or feral cats, demographics, animal population estimates, and other relevant information establishing why your concept is the best way to address the needs of your target area. Shelter statistics should be provided in spaces provided below:**   **Relevant Shelter Data**  |  |  |  | | --- | --- | --- | | **Shelter Name and County:** | | | |  | **Total Intake for: 2015/2016/2017** | **Total Euthanasia for: 2015/2016/2017** | | **Cats** | /       / | /       / | | **Dogs** | /       / | /       / | | **Shelter Name and County (if your target area occurs in more than 1 county):** | | | |  | **Total Intake for: 2015/2016/2017** | **Total Euthanasia for: 2015/2016/2017** | | **Cats** | /       / | /       / | | **Dogs** | /       / | /       / | | **Shelter Name and County (if your target area occurs in more than 1 county):** | | | |  | **Total Intake for: 2015/2016/2017** | **Total Euthanasia for: 2015/2016/2017** | | **Cats** | /       / | /       / | | **Dogs** | /       / | /       / |   **If you have additional data from other sources, discuss here:**    **Please CHECK: Required MAP of the service area is included with this application.** | | | | | | | | | | |
| **C-3 BENEFITS from this Request** | | | | | | | | | | |
| **C-3-a-Expected benefits that will be derived from this capital expense/equipment request: Discuss the overall increase of services that are needed in the target area in terms of how the proposal will increase your capacity and efficiency and the provision of spay/neuter services to low income Marylanders and/or feral cats. Explain to what degree you expect this project to impact intake and euthanasia at shelters (numbers reduced, percent reductions, etc.) in your target area identified above:** | | | | | | | | | | |
| **C-3-b- Commitment to provide service: Due to the high dollar amount of capital expense requests, the Program expects recipients of funds of this nature to make a commitment to provide no cost/low cost procedures for no less than the period of performance (5 years).**  **Please CHECK: Applicant understands and agrees to the requirement to provide 3,000 low cost/no cost spay/neuter procedures during the first 2 years of operation and 3,000 low cost/no cost spay/neuter procedures each year after until the completion of the project’s period of performance, without additional funding from MDA.** **What percent of the spay/neuter procedures you anticipate performing with this equipment will be for pets of low income Marylanders or feral cats?****What percent of these spay/neuter procedures will be NO-COST sterilizations for pets of low-income Marylanders or feral cats?** | | | | | | | | | | |
| **C-4 ORGANIZATION’S Specific QUALIFICATIONS AND Plan** | | | | | | | | | | |
| **C-4-a-Describe your organization’s qualifications/any prior experience with operating a stationary/mobile clinic:**   **C-4-b -Required Plans: Applicants must include a Business Plan, including financial data and budgets. New clinics and clinic expansions must be able to show how the clinic will be self-supporting without additional funding from MDA. Applicants proposing the purchase of a mobile clinic must provide an Operation and Maintenance Section in the plan.**  **Please CHECK: Required Business PLAN has been provided with this application.** | | | | | | | | | | |
| **D-CAPITAL EXPENSE/EQUIPMENT BUDGET SPECIFICS** | | | | | | | | | | |
| **D-1-Capital Expense/Equipment Cost: Discuss what steps you took to ensure your request is the best possible price/option available (what options did you explore, and why you chose the option you are proposing, etc) Please double check your calculations and totals. Make sure your totals match the amount requested in Section A:**    **Please CHECK: Required price quotes are included with the application form.** | | | | | | | | | | |
| **D-2-High Quality/High Volume (HQHV) Training Requirement (Please CHECK) :**  **Yes, our personnel (including at least one veterinarian) have HQHV training or equivalent skills. The personnel with this training are (list name, and position of each person with training, and date and location of training):**  **-or-**  **No, we do not have staff or at least one veterinarian with this training. We are proposing training for the following personnel (list name and position of each person and proposed training details:**    **Cost per person (including fee, travel and lodging):**       **Total cost for training**:  **Please CHECK: We have added this cost in our total budget request.** | | | | | | | | | | |
| **D-3-Cost Sharing: Cost sharing is strongly encouraged. Describe and quantify what your organization or any partner organizations are contributing to this described effort – purchase of other needed equipment, vehicle to retrofit for a mobile clinic, matching grants, etc.:** | | | | | | | | | | |
| **D-4-Matching Grants/Funding: If this project is dependent on another Grant/funding from either this program or another source or sources, please discuss in detail and explain how the grants are related and dependent on each other (include amount, source, requirements, and whether the funds have been secured; attach copies of grant/funding agreements, applications, and related documentation):** | | | | | | | | | | |
| **E-PROJECT SUPPORT AND ENDORSEMENTS** | | | | | | | | | | |
| **Project Support: Discuss and attach copies of any endorsements you have obtained or sought from animal control, local shelters, government agencies, and other animal welfare organizations that may benefit from your project:**    **Please CHECK: I have included copies of any Letters of Support and Endorsement, or documentation of coordination attempts, with my application.** | | | | | | | | | | |

**Final Acknowledgements Please check:**

**All fields in this application have been filled in. Any field not applicable to this application should be indicated by the entry “N/A”. The Applicant understands that blank fields may be construed missing information and the application may be considered incomplete and removed from further consideration. Applicant has** **therefore checked all sections of this application for completeness.**

**To the best of the Applicant’s knowledge all information provided in this application is true and accurate.**

**The Applicant has included our organization’s most recent IRS 990 if required by IRS.**

**The Applicant has included the required map of service area.**

**The Applicant has included the required Business Plan and financial data per the guidelines.**

**The Applicant has included price quotes for all requested items.**

**The Applicant has met the HQHV training requirement by having at least 1 vet with the specialized training or has included training as part of this application.**

**The Applicant is in good standing with the State of Maryland and in compliance with all laws discussed in the guidelines.**

**The Applicant has included copies of all support letters.**

**The Applicant has read, understand and agree to the conditions of ownership as specified in the guidelines.**

**Date Submitted:**       **Name of Submitter:**

**Please send your completed application (and any attachments such as extra pages, or IRS 990) before the close of business (5:00 PM EST) of the proposal due date stated in the RFP. Please submit as an email attachment to:** [**mda.spayandneuter@maryland.gov**](mailto:mda.spayandneuter@maryland.gov)**. Applications submitted to any other email address, faxed or mailed will not be accepted. NOTE: This email is for submitting Applications and Progress Reports ONLY. Once submitted, changes are not permitted. If you have any questions, please Contact: Jane Mallory, Program Coordinator, Spay and Neuter Grants Program, Maryland Department of Agriculture at** [**Jane.Mallory@maryland.gov**](mailto:Jane.Mallory@maryland.gov) **or call 410-841-5766.**