

**Maryland Department of Agriculture Spay and Neuter Grants Program**

**FY26 FERAL CAT-FOCUSED APPLICATION**

The following application form is used for projects that focus on **feral cats**. Projects with focus on pets should use the Pet-Focused Application form. Applicants seeking funds to spay/neuter feral cats 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 for funding.
* This is a **competitive** grant proposal process, which according to the legislation:

-Shall target feral cat populations if the Department determines that this targeting does not violate local law, and detail how that goal is to be accomplished.

-Shall efficiently and effectively facilitate, promote, and increase the provision of spay and neuter services for feral cats.

-May include public education and outreach components.

* Grant projects must meet the purpose of the Fund. Grant projects that most effectively and efficiently facilitate, promote, and increase spay and neuter services for feral cats in Maryland will be given priority.
* This grant program is intended to provide supplemental funding for organizations and shelters that cannot otherwise fund a spay and neuter program. It is not intended to be the primary source of funding for an organization, nor should it be used to fund programs at organizations who have the means to fund such programs on their own.
* 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. To see the Regulations, visit the [Division of State Documents​](https://dsd.maryland.gov/Pages/COMARSearch.aspx) website and search for Regulations 15.01.10.00-15.01.10.10 (Spay/Neuter Grant Program).
* Projects may not occur on or immediately adjacent to lands with protected species or sensitive resources managed by DNR or MPS.
* Applicants must have signed Permission to Enter forms from landowners (or their authorized representatives) or legal tenants for those areas where feral cats will be trapped, returned, or where personnel must enter to set and access target cats.
* Applicants must employ responsible methodologies that safeguard the wellbeing of the cats but also other wildlife and the public. MDA will only support those organizations that seek to ultimately decrease the populations of feral cats. MDA will not support any individual or organization that intends to increase feral cat populations or release more cats into the wild.
* Applicants shall coordinate with local animal control and shelter staff to confirm their project would impact intake and euthanasia.
* 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 who conduct spaying/neutering using other funds should provide a “net increase” in surgeries. These funds cannot be used to maintain the organization’s status quo or replace other funds.
* 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 must be in good standing with the State of Maryland and IRS.
* 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.
* Applicants must complete and submit the grant application, with any required attachments as specified in the FY26 Instructions for Feral Cat-Focused Applications and on the application forms by close of business (5:01 PM EST) on or before the posted grant deadline as it appears on the Request for Proposals (RFP) on the [Spay and Neuter Grants Program webpage](https://mda.maryland.gov/spay_neuter_program/Pages/grant-applications.aspx).
* The Period of Performance for all grants is January 1 to December 31. If needed, a Change of Scope form may be submitted to the Program Coordinator to extend a grant by 1 quarter, if approved.
* Approved Applicants who operate shelter facilities will be/are required to submit Quarterly Shelter Activity Reports for a period of at least 5 calendar years after the grant is completed.
* Approved Applicants may not use more than 5% of their grant budget for emergency medical expenses, once approved by the Spay and Neuter Program Coordinator through the designated Emergency Medical Funds Request form, which must be submitted within 60 days of the service rendered. Applicants must also have a plan for unanticipated medical cases that may arise during their project.

**GUIDELINES, INSTRUCTIONS, AND FORMS MAY CHANGE FROM YEAR TO YEAR. REVIEW THE INSTRUCTIONS BEFORE STARTING THIS APPLICATION. READING AND ADHERING TO THE INSTRUCTIONS DOCUMENT IS CONSIDERED A REQUIREMENT OF THE APPLICATION PROCESS.**





**MARYLAND DEPARTMENT OF AGRICULTURE**

**SPAY AND NEUTER GRANTS PROGRAM**

**FY26 FERAL CAT-FOCUSED 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 proofread all your text and check your math before submitting your application.**

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| **A. PROPOSAL ADMINISTRATION INFORMATION** | | | | | | | | | | | | | |
| **Title of Proposed Project:** | | | | | | | | | | | **(for MDA use only)**  **Proposal Ref Number:** | | |
| **Total Amount Requested (Applicants may not request more than 25% of their organization/program annual operating budget, with a maximum grant allowance of $75,000, and a minimum allowance of $5,000. Organizations with a budget less than $20,000 may request a maximum of $5,000): $** | | | | | | | | | | |
| **Name of Requesting Organization(s):** | | | | | | | **Address, City, State, Zip Code:** | | | | | | |
| **Phone | Fax of Applying Organization****Phone:**  **Fax:** | | | | | | | **Website Address, if any:**  **Public Email Address:** | | | | | | |
| 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 and requirements.****CHECK:**  **The Applicant has read and adhered to the FY26 Instructions for Feral Cat-Focused Applications.**  **The Applicant has attached a current copy of their IRS Form W-9.**  **The Applicant has attached a current copy of their Annual Charitable Registration Permit from the Maryland Secretary of State, or extension letter (if applicable).** | | | | | | | | | | | | | |
| **AND:**  **Is a Municipal or County Government, OR**  **Is a Private Organization contracted by a county to provide animal services. If so, please attach a copy of your contract or MOU with the county/city OR**  **Is an Animal Welfare Organization with tax exempt status under 501 (c) (3). If so, please attach a PDF of your most current IRS Form 990 or other tax documentation.** | | | | | | | | | | | | | |
| **AND:**  **Does not violate any county laws regarding feral cats, and does not occur on lands managed by the Department of Natural Resources.** | | | | | | | | | | | | | |
| **AND:**  **Is an Applicant that is in good standing with the State of Maryland. To Check your status please visit** [**https://egov.maryland.gov/BusinessExpress/EntitySearch/Search**](https://egov.maryland.gov/BusinessExpress/EntitySearch/Search) | | | | | | | | | | | | | |
| **AND:**  **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.** | | | | | | | | | | | | | |
| **AND:** **If the Applicant operates a facility that provides temporary or permanent housing for 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. If so, Applicant must provide their most recent Standards of Care document, OR** **The Applicant certifies that they do not operate a shelter of any kind that provides temporary or permanent housing for animals and is therefore exempt from the Standards of Care requirements.** | | | | | | | | | | | | | |
| **Make sure all the above boxes are addressed accurately before proceeding** | | | | | | | | | | | | | |
| **B. POINT OF CONTACT & ORGANIZATION INFORMATION** | | | | | | | | | | | | | |
| **Primary Point of Contact (POC):** | | | | | | **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(s) you service, etc.) Only include information pertinent to the work you are proposing in this application:**   **Please provide the operational budget for your organization (or department/program if a government agency) for the past three years.** **Operating Budget for 2023: $**  **Operating Budget for 2024: $**  **Operating Budget for 2025: $**  **Please Check One of the Options Below:**  **Our organization runs a Spay and Neuter Clinic where all of our surgeries are done, OR** **Our organization facilitates surgeries through an outside clinic, OR**  **Our organization runs a Spay and Neuter Clinic AND facilitates surgeries through an outside Clinic.**  **If you use an outside clinic/clinics please list them here:**   **Provide the total number of low or no cost spay/neuter procedures your facility/organization has provided or facilitated each year for the last 3 years as broken down below (either in-house or through an outside clinic):**   |  |  | | --- | --- | | **Year** | **Total Procedures** | | **2022** |  | | **2023** |  | | **2024** |  |   **If the number of surgeries your organization has facilitated has decreased from previous years, please explain why:** | | | | | | | | | | | | | |
| **Summarize all grants that your organization has received in the last 3 years, including grants from MDA (Be brief: From whom, how much, what was accomplished and where):** | | | | | | | | | | | | | |
| **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 a second 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 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 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: Project Description:** **Describe what you propose to do with the grant. This should be a brief summary (1–2 paragraphs). Details should be provided in subsequent sections of the application form. Please state the target number and type of surgeries, the target area and populations, and a brief description of how this will be done and what the expected outcomes will be.** | | | | | | | | | | | | | |
| **C-2: Target Information** | | | | | | | | | | | | | |
| **C-2-A: Target Area: Identify the location (target area or cat colonies) of your project. Explain how you determined that the area or colonies has a significant population of unaltered feral cats which impact the shelter(s) listed in the following section.** | | | | | | | | | | | | | |
| **C-2-B: Shelter Statistics Provide the intake and euthanasia numbers for the last 3 years for any shelter in your target area. If you operate a shelter this should include your organization’s statistics first. Include statistics from any shelter that may directly benefit from your project outside of your county. Add a page if more space is needed.** | | | | | | | | | | | | | |
| **Shelter Name and County:** | | | | | | | | | | | | | |
| **Please indicate where you obtained these statistics (from the shelter, MDA, Shelter Animals Count, etc.)** | | | | | | | | | | | | | |
|  | **Total LIVE Intake for: 2022/2023/2024** | | | | | | | **Total Euthanasia for: 2022/2023/2024** | | | | | |
| **Cats** | **/       /** | | | | | | | **/       /** | | | | | |
| **2nd Shelter Name and County (if applicable):** | | | | | | | | | | | | | |
| **Please indicate where you obtained these statistics (from the shelter, MDA, Shelter Animals Count, etc.)** | | | | | | | | | | | | | |
|  | **Total LIVE Intake for: 2022/2023/2024** | | | | | | | **Total Euthanasia for: 2022/2023/2024** | | | | | |
| **Cats** | **/       /** | | | | | | | **/       /** | | | | | |
| **If you were able to obtain any additional data drilled down to your specific target area (by zip code, neighborhood, etc.) please provide information here. Also use this space, if necessary, to provide any additional data you may have from other sources:** | | | | | | | | | | | | | |
| **C-2-C: Target Number of Surgeries: This number must match the number in Budget Line Items Veterinary Services.** | | | | | | | | | | | | | |
| **# Cat Spays:** | | **Cost/Per Spay: $** | | | **# Cat Neuters:** | | | | | **Cost/Per Neuter: $** | | | |
| **Discuss estimated number of unaltered feral cats for the area, any colony-specific information, and how you came to choose your target number of surgeries above, including the use of a Feral Cat Estimation Tool or use of the “Divide by 15” rule:** | | | | | | | | | | | | | |
| **Target Information Required Attachments:**  **CHECK: I have included the required map with my application, indicating where the project target area is located.**  **CHECK: I have included copies of all or most of the required Permission to Enter forms (please attach all forms as one PDF document, not as individual documents).**  **OR**  **CHECK: I have made contact with all or the majority of Property Owners/Legal Tenants and will be able to secure the Permission to Enter forms if funded.** | | | | | | | | | | | | | |
| **C-2-D: Expected ImpactS:**  **In terms of intake and euthanasia rates, what impacts do you anticipate that your project will have on your target shelter(s)?** | | | | | | | | | | | | | |
| **C-3: Partnering: If your project involves partnering with another organization (an organization that will contribute but not share in the grant funds), list the organization name, a brief description of their expertise, and what part they will serve in the project (list financial contributions in Section D-2):** | | | | | | | | | | | | | |
| **C-4-A: Detailed Work Plan: Describe in a step-by-step timeline the activities and/or tasks that will be performed to accomplish the objectives of the project. Include how you plan to handle emergent medical issues that may arise in the course of your project.** | | | | | | | | | | | | | |
| **C-4-B: Project Methods AND STRATEGIES: Detail the methods and strategies that will be used in this project. Include discussion on plans for collecting, transport, evaluating for re-homing efforts, and returning. If your organization has or follows a TNR Best Practices manual, please include it with your application.** | | | | | | | | | | | | | |
| **C-5: Outreach Plan: Detail your outreach plan and how you will communicate about your project to gain support from the local community and caregivers. If signage or other printed materials are proposed, provide a draft of the materials if possible.** | | | | | | | | | | | | | |
| **C-6: Project Support: Discuss 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, providing documentation of communications if possible:** **CHECK: Copies of all Letters or e-mails of Support and Endorsement, or documentation of coordination attempts are included with the application.** | | | | | | | | | | | | | |
| **C-7: KEY PERSONNEL: List the key personnel (excluding veterinary staff which should be detailed in Section C-8), qualifications, and the kind of task(s) they will perform:** | | | | | | | | | | | | | |
| **C-8: Veterinarian Practice/Clinic Capacity: List the veterinarian(s) and/or clinic(s) you propose to use for your project, and confirm that you have discussed this proposal with the veterinarian or clinic in regard to their capacity to perform the number of procedures you propose, should you be funded:** **CHECK: Our veterinarian/clinic has the capacity to perform these procedures in within the period of performance, and understands the purpose of the Price Assurance Forms.**  **List the full name of the veterinarian(s) and/or clinic(s) you plan to use. Please include current license number(s) and state(s) of licensure:** | | | | | | | | | | | | | |
| **D. BUDGET AND ADDITIONAL FUNDS INFORMATION** | | | | | | | | | | | | | |
| **D-1-A: Budget Line Items Refer to *Instructions for Feral Cat-Focused Applications* for information on allowable expenses and how to describe them. Incomplete or vague budget items will not be considered and may be a basis for downgrading the application.** | | | | | | | | | | | | | |
| **Type** | | | **Description** | | | | | | | | | **TOTAL AMOUNT** | |
| **Veterinary Services** | | | **Cost per cat spay: $****| # spays proposed:** | | | | | | | | | **$** | |
| **Veterinary Services** | | | **Cost per cat neuter: $      | # neuters proposed:** | | | | | | | | | **$** | |
| **Rabies Vaccine**  **(maximum allowable: $5/dose)** | | | **Number of doses:       Cost/Dose: $** **OR (Choose One)**  **Check here if the vaccine is part of the surgery cost** **Check here if the vaccine is coming from another source (please list how it is being funded in the cost sharing section below)** | | | | | | | | | **$** | |
|  | | |  | | | | | | | | | **$** | |
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|  | | |  | | | | | | | | | **$** | |
| **DOUBLE CHECK your calculations and totals.**  **Make sure your totals match the amount requested in Section A.** | | | | | | | | | **TOTAL REQUEST** | | | **$** | |
| **Attach pages if more space is required. Include vendor quotes for equipment.** | | | | | | | | | | | | | |
| **D-1-B: Budget Items Justifications: List your budget items and why each is necessary and at the cost proposed. Exclude surgical costs and rabies vaccinations as these generally do not require justification unless the surgical cost or rabies vaccination costs are higher than the target prices provided in the Instructions (include trap request justifications in the next section).** | | | | | | | | | | | | | |
| **D-1-C: Trap Request Justifications: If you have an Equipment Cost budget line item for traps, please detail here:****# of traps you currently own or have easy access to (number and type):** **# of traps needed for this project (number and type):****Additional Information: What steps have you taken to obtain or borrow traps from other sources (example: trap banks, other similar organization to yours, etc.) before making this request. If you are requesting special traps, such as fat cat traps, please explain why:** | | | | | | | | | | | | | |
| **D-2: COST SHARING OR IN-KIND CONTRIBUTIONS: Attach additional pages if more space is needed. Only include items that directly pertain to spay and neuter services. Do not include items such as vaccines (other than Rabies) or veterinarian/clinic staff wages. (See Instructions for more details).** | | | | | | | | | | | | | |
| **Organization** | | | | **Description** | | | | | | | | | **Est.**  **Value** |
|  | | | |  | | | | | | | | | **$** |
|  | | | |  | | | | | | | | | **$** |
|  | | | |  | | | | | | | | | **$** |
| **TOTAL** | | | | | | | | | | | | | **$** |
| **D-3: Matching Grants/Funding: If this project is dependent on another grant or additional funding from either this program or another source, please discuss here. Please give details and provide copies of documentation (including the amount of additional requested funding, funding source, any requirements or parameters related to that additional funding source, and whether the funds have already been secured):** | | | | | | | | | | | | | |
| **Final Acknowledgements** | | | | | | | | | | | | | |
| **CHECK:** **The Applicant has reviewed and adhered to the FY26 Instructions for Feral Cat-Focused Applications.**  **All fields in this application have been filled in. Any field not applicable to this application is indicated by the entry “N/A”. The Applicant understands that blank fields may be construed as missing information, the application may be considered incomplete, and removed from further consideration on this basis.**  **To the best of the Applicant’s knowledge all information provided in this application is true and accurate.** **The Applicant understands that requiring payments (“co-pays”) for any service covered under this grant is not allowed.** **The Applicant understands that they will be required to submit Quarterly Shelter Activity Reports for a period of at least 5 calendar years after the grant is completed (if applicable).**  **The Applicant understands that no more than 5% of the grant budget may be used for medical expenses, which must be approved by the Spay and Neuter Program Coordinator through the designated Emergency Medical Expense Request, which must be submitted within 60 days of the service rendered.**  **The Applicant has included the supplemental information. This includes required items:** **Price Assurance Form(s) from the veterinarian(s) and/or clinic(s),**  **Copy of most recent IRS Form 990 or other tax documentation (if applicable),** **Copy of most current IRS Form W-9,**  **Copy of most current Annual Charitable Registration Permit or extension letter (if applicable),**  **Copy of most current contract or Memorandum of Understanding with County or City for services (if applicable)**  **Map(s),**  **Copy of most current Standards of Care document (if applicable),**  **Price quotes for equipment or other large expenses over $500 (if applicable),** **Price quotes for outreach materials over $500 (if applicable),**  **Proposed Means Test, and**  **Any letters or emails of support from Animal Control/Shelter personnel and/or other government agency,** **Any Permission to Enter Forms acquired in advance (if applicable).** **Name of Submitter:** **Date Submitted:**  **SUBMIT completed applications and attachments before the close of business (5:00 PM EST) as per the date stated in the RFP. Submit as an email attachment to:** [**jen.swanson@maryland.gov**](mailto:mda.spayandneuter@maryland.gov)**. Applications submitted to any other email address, faxed, or mailed will not be accepted. Once submitted, changes are not permitted. If you have any questions, please contact the Program Coordinator as listed on the Program webpage or call the MDA Spay and Neuter Program at 410-841-5766.** | | | | | | | | | | | | | |