

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

**FY26 PET FOCUSED APPLICATION**

The following application form is used for projects that focus on pet dogs and cats. Projects with the focus on feral cats should use the Feral Cat-Focused Application form. Applicants seeking funds to spay/neuter pet cats and dogs 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 low–income communities and populations to the maximum extent possible, 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 cats and dogs.

-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 cats and dogs for low-income Marylanders 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.
* 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).
* 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 that 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 shall coordinate with local animal control and shelter staff to confirm their project would impact intake and euthanasia.
* 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 submit the grant application, with any required attachments as specified in the Instructions and on the application form by close of business (5:01 PM EST) on or before the posted deadline as it appears on the Request for Proposals (RFP) on the MDA website ([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 APPLICATINS 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 PET-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**  [Prof ref] | |
| **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:**  **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 Pet-Focused Application.**  **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:** **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:** **If the Applicant operates a facility that provides temporary or permanent housing for animals, the Applicant is compliant with the 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.**  **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.** | | | | | | | | | | | | |
| **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 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 (you should 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). The 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. (See the Instructions for an example.)** | | | | | | | | | | | | |
| **C-2: TARGET INFORMATION** | | | | | | | | | | | | |
| **C-2-A: Target Area: Identify the location (target area or population) of your project. Explain how you determined that this area or population meets the criteria of “low income” and has a significant population of unaltered dogs and/or cats. Also include a discussion on how your target area is a source of intake to local shelters. Please include all zip codes that occur in your target area.** | | | | | | | | | | | | |
| **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** | **/       /** | | | | | | | **/       /** | | | | |
| **Dogs** | **/       /** | | | | | | | **/       /** | | | | |
| **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** | **/       /** | | | | | | | **/       /** | | | | |
| **Dogs** | **/       /** | | | | | | | **/       /** | | | | |
| **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. Enter N/A if not applicable.** | | | | | | | | | | | | |
| **# Dog Spays:** | | **Cost/Per Dog Spay: $** | | | **# Dog Neuters:** | | | | **Cost/Per Dog Neuter: $** | | | |
| **# Cat Spays:** | | **Cost/Per Cat Spay: $** | | | **# Cat Neuters:** | | | | **Cost/Per Cat Neuter: $** | | | |
| **Discuss estimated number of unaltered pets for the area and how you came to choose your target number of surgeries above, including the use of Pet Estimator Tool:** | | | | | | | | | | | | |
| **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 a copy of the Pet Estimator Tool page we used to calculate number of unaltered pets in our target area(s).** | | | | | | | | | | | | |
| **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 (any financial contributions from partners should be listed 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: Means Test: Provide a copy of the Means Test (i.e. the specific criteria you will use to determine if a pet owner qualifies for the service) you propose to use should your application be approved. It may be provided in the space below or attached.** **OR**  **The required copy of the proposed means test is attached.** | | | | | | | | | | | | |
| **C-5: Outreach Plan: Detail how you will reach the targeted community about your project to maximize public participation. If signage or other printed materials are proposed, provide a draft of the materials if possible. Provide price quotes for items $500 or more.** | | | | | | | | | | | | |
| **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: I have included copies of all Letters or e-mails of Support and Endorsement, or documentation of coordination attempts, with my 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 regarding 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 within the period of performance, and understands the purpose of the Price Assurance Forms.**  **AND**  **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: Budget Line Items: Refer to *Instructions for Pet-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 dog spay: $      | # dog spays proposed:** | | | | | | | | | **$** |
| **Veterinary Services** | | | **Cost per dog neuter: $      | # dog neuters proposed:** | | | | | | | | | **$** |
| **Veterinary Services** | | | **Cost per cat spay: $      | # cat spays proposed:** | | | | | | | | | **$** |
| **Veterinary Services** | | | **Cost per cat neuter: $      | # cat neuters proposed:** | | | | | | | | | **$** |
| **Rabies Vaccine****(Maximum allowable: $5 per dose)** | | | **Number of doses:       Cost/Dose: $** **OR (Choose One)**  **Check here if the vaccine is part of the surgery cost** **Check here if the vaccine is coming from another source (please list how it is being funded in the cost sharing section D-3)** | | | | | | | | | **$** |
|  | | |  | | | | | | | | | **$** |
|  | | |  | | | | | | | | | **$** |
|  | | |  | | | | | | | | | **$** |
|  | | |  | | | | | | | | | **$** |
|  | | |  | | | | | | | | | **$** |
| **DOUBLE CHECK your calculations and totals.** **Make sure your totals match the amount requested in Section A.** | | | | | | | | | | **TOTAL REQUEST** | | **$** |
| **Attach pages if more space is required. Include vendor quotes for equipment.** | | | | | | | | | | | | |
| **D-2: 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.** | | | | | | | | | | | | |
| **D-3: 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-4: Matching Grants/Funding: If this project is dependent on another grant or additional funding from either this program or another source, 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** | | | | | | | | | | | | |

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| **CHECK:** **The Applicant has reviewed and adhered to the FY26 Instructions for Pet-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, and 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),**  **Copy of most current Standards of Care document (if applicable),**  **Map(s),**  **Pet Estimator Tool page(s),**  **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.****Name of Submitter:** **Date Submitted:**  **SUBMIT completed applications and attachments before the close of business (5:01 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.** |