



## **Friends of the Animal Shelter Grant Request**

**Date:**

**Organization name:**

**Organization mission statement:**

**Amount Requested:**

**New or Previously Funded:**

**Address:**

**EIN:**

**Website:**

**Phone:**

**Primary Contact Name:**

**Primary Contact Email:**

**Number of Volunteers:**

**Number of Full-time Staff:**

**Number of Part-time Staff:**

**Briefly state your organization's spay/neuter policy:**

**How many animals do you anticipate spaying/neutering with grant funds?**

**Cats:**    Females                      Males

**Dogs:**    Females                      Males

**Name of veterinarian(s) performing surgeries:**