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It Takes Balls – Spay & Neuter Grant Application

Applications accepted through March 31, 2024. Grants will be announced in early May.

Documents

In addition to completing all questions on application, please upload IRS letter of determination, W9 and list of board members on your organization's letterhead.

IRS letter of determination *



Browse Files

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MuttNation Foundati...ter.docx

11.4KB



W9 *



Browse Files

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W9 MuttNation Foundation.pdf

0.4MB



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Commissioners Court.doc

50.5KB



Organization's/Clinic Legal Name *

Collin County/Collin County Animal S

Federal Tax ID Number (EIN) *

17560008736000

How long has your org/clinic been in continuous operation? *

18

What month/day is the end of your org/clinic's fiscal year? *

09/30

Where is your organization/clinic located? *

North TX

e.g. East TX, North TX, Panhandle

Mailing Address for Organization/Clinic *

4750 Community Ave

Street Address

Street Address Line 2

McKinney

TX

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75071

Postal / Zip Code

Payee Mailing Address (if different than above)

2300 Bloomdale Rd

Street Address

Street Address Line 2

McKinney

City

TX

State / Province

75071

Postal / Zip Code

Which applies to your organization/clinic? *

- Nonprofit (501c3)
- Government Agency / Animal Shelter
- Clinic

If you are with a Government Agency or clinic and are associated with a non-profit "Friends of" group, please indicate their name and contact information.

NA

Primary Project Contact Person

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See Errors

Phone *

(972) 548-4638

Email *

jbenson-caponera@co.collin.tx.us

Secondary Project Contact Person

Name *

Pat Skipper

Title / Function in Org *

Grant Writer

Phone *

(972) 548-4796

Email *

pskipper@co.collin.tx.us

Financial Officer

Name *

Linda Riggs

Title / Function in Org *

County Auditor

Phone *

(972) 548-4643

Email *

lriggs@co.collin.tx.us

What is the average cost per procedure for spay and neuter

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not use a price range; use an average if it is a range.

Cat Spay \$ *

45.00

Dog Spay \$ *

60.00

Cat Neuter \$ *

35.00

Dog Neuter \$ *

60.00

Please indicate the number of all cats and dogs that received spay/neuter procedures performed/provided by your org/clinic during the past year.

January 1, 2023 – December 31, 2023

Cats *

877

Dogs *

1206

If you have a detailed list, it can be provided as a separate document.



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What are your goals for spay/neuter procedures for the current year?

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See Errors

927

1256

What is the PRIMARY county your organization/clinic services? *

What other counties does your organization/clinic service?

Collin

NA

What is the target demographic intended to be served by the MuttNation grant? *

The target demographic intended to be served by the MuttNation grant will be Collin County citizens in the rural areas.

e.g. Low income indigent, elderly, foster animals being adopted by target population, etc.

Does your org/clinic ask for documentation of the financial need of individuals in the target population? If so, please describe.

No, Collin County Animal Shelter does not ask for documentation of financial need of individuals in the target population.

Would your org/clinic be able to continue its program without this grant? *

No

Yes

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See Errors

No

Yes

If so, what was the amount?

0

In dollars.

Is your org/clinic a brick and mortar animal shelter? *

No

Yes

Does your org provide post-surgical pain and monitoring instructions? *

No

Yes

Shelter Vet

If your shelter does not have a vet on staff, but has a strong relationship with a vet providing low-cost services, please indicate.

Name *

Texas Coalition for Animal Protector

Phone *

(940) 566-5551

Email *

animalshelter@collincountytx.gov

How long has the vet been with or working with your shelter? *

10 years

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Reporting

Grant recipients will be required to report the number of cats and dogs spayed and the number within their county and the numbers receiving assistance outside of their county. Reports will be required twice a year, on July 15th and on December 15th.

Signature

Name of Org/Clinic *

Collin County/Collin County Animal S

Printed Name of Org/Clinic Representative *

Janna Benson-Caponera

Title of Org/Clinic Representative *

Grant Account & Reporting Manager

Signature of Org/Clinic Representative *

Sign Here

Clear

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Date *

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03/05/2024



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