

### It Takes Balls - Spay & Neuter Grant Application

Applications accepted through March 28, 2025. Grants will be announced in 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** 

Drag and drop files here

W9 \*



Drag and drop files here

List of board members on organization's letterhead \*



Drag and drop files here

Organization's/Clinic Legal Name *	Federal Tax ID Number (EIN) *
Collin County/Collin County Animal S	17560008736000
How long has your org/clinic been in continuous operation? *	What month/day is the end of your org/clinic's fiscal year? *
18	09/30
Where is your organization/clinic located? *	
McKinney, TX/North TX	
e.g. Central, South, or West Texas	
Mailing Address for Organization/Clinic	*
4750 Community Ave	
Street Address	
Street Address Line 2	
McKinney	Texas
City	State / Province
75071	

Payee Mailing Address (if different tha	an above)
2300 Bloomdale Rd	
Street Address	
Suite 3100	
Street Address Line 2	
McKinney	TX
City	State / Province
75071	
Postal / Zip Code	
Which applies to your organization/clin Nonprofit (501c3) Government Agency / Animal Shelter Clinic	
If you are with a Government Agency of profit "Friends of" group, please indicates	or clinic and are associated with a non- ate their name and contact information.
NA	
Primary Project Contact Perso	Title / Function in Org *
Janna Renson-Canonera	Audit & Grant Manager

Phone *	Email *
(972) 548-4638	jbenson-caponera@co.collin.tx.us

#### **Secondary Project Contact Person**

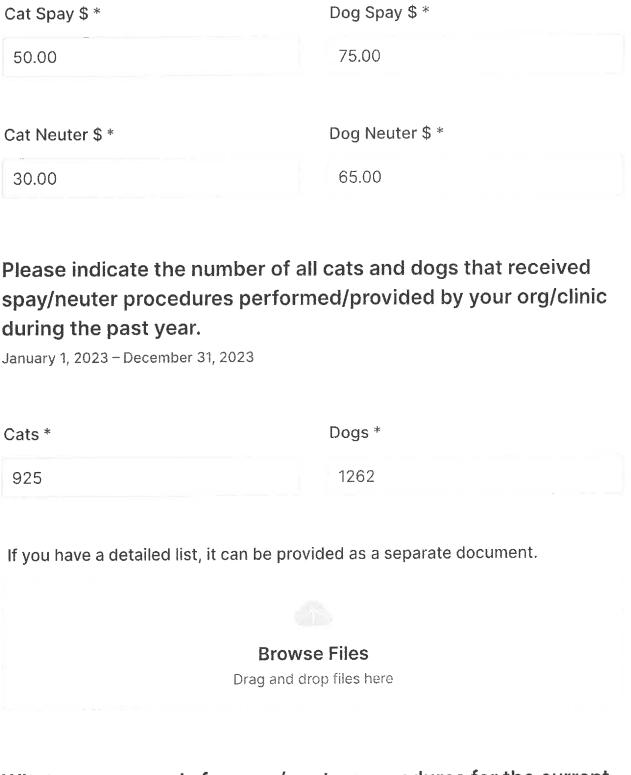
Name *	Title / Function in Org *
Pat Skipper	Grant Resource Administrator
Phone *	Email *
(972) 548-4796	pskipper@co.collin.tx.us

#### **Financial Officer**



# What is the average cost per procedure for spay and neuter services your org/clinic charges?

This should NOT include costs of vaccines microchips, or any other medical procedures. Do not use a price range; use an average if it is a range.



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

Cats \*

Dogs \*

1019	1387	
What is the PRIMARY county your organization/clinic services? *	What other counties does your organization/clinic service?	
Collin	NA	
What is the target demographic intend	ded to be served by the MuttNation grant? *	
The target demographic intended to Collin County citizens in the rural area	be served by the MuttNation grant will be as.	
e.g. Low income indigent, elderly, foster animals be	ring 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 contin  No Yes	nue its program without this grant? *	

During 2023, did your org receive grants from any other orgs or government agencies that was used for spay or neuter for cats and/or dogs? \*

No	
Yes	
If so, what was the amount?	
0	
In dollars.	
Is your org/clinic a brick and mortar anima	al 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 low-cost services, please indicate.	has a strong relationship with a vet providing
Name *	Phone *
Texas Coalition for Animal Protection	(940) 566-5551
Email *	How long has the vet been with or working with your shelter? *

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animalshelter@collincountytx.gov

#### 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

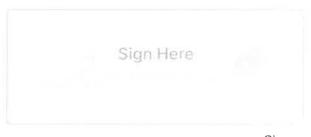
Printed Name of Org/Clinic Representative \*

Janna Benson-Caponera

Title of Org/Clinic Representative \*

Auditor & Grant Manager

Signature of Org/Clinic Representative \*



Clear

Date \*



Submit