

Rochester Hope for Pets
Application for Missy's Fund - Feral Spay and Neuter Program

Missy's Fund is a cost-share grant program, the goal of this program is to assist individuals working within the feral population by providing grants to reduce the overall cost of each feral spay/neuter surgery.



1. Personal Information: Please provide the following information.

Name _____ Phone # _____ Email _____

Address _____ City _____ State _____ Zip _____

2. Feral Cat Information: Please provide as much detail as possible about the colony you are working with.

A) Location of Cats (street address, city, zip code)

B) Type of location (neighborhood, barn, place of employment, other)

C) Do you routinely provide food, water and shelter for the cat colony?

D) Does someone else routinely provide food, water, and shelter for the colony?

E) What is the estimated number of cats in the colony?

F) What is the estimated total of unaltered cats in the colony?

G) Are there cats within the colony that are friendly enough to be brought to RCAC in carriers? If yes, how many?

H) How many carriers do you have access to?

I) How many cats are completely feral and would need to be brought to RCAC in humane traps

J) How many humane traps to you have access to?

K) Have you humanely trapped feral cats before, or would you need assistance/guidance in order to trap and transport to RCAC?

OVER

L) At \$50 per surgery package, how many of these cats do you estimate you could afford to bring to RCAC for altering during the next 6 months?

M) Have you been offered any type of financial assistance to assist you in your efforts to alter cats in this colony? If yes, please explain.

N) Would you be willing to fundraise or solicit monetary donations from others (individuals or companies/organizations) to help in your efforts to alter the entire colony? Please explain.

O) Is there any other information you would like to provide us with?

3. **Signature:** Please sign and date this application and mail to:

Rochester Hope for Pets, 2816 Monroe Ave, Rochester, NY 14618, or fax to: (585) 271-7815

I, the undersigned, have accurately completed this application and understand Rochester Hope for Pets has the right to accept or reject this application without recourse or reason. I understand that funds may not be available at the time of application. I also understand that I will be contacted if an award is to be granted.

I further certify that the information given above is true.

Signed _____

Date _____