

TEHAMA COUNTY AUDITOR'S OFFICE
GRANT FUNDING INFORMATION
 (Attach full copy of application and/or Notice of Award)

AUDITOR USE ONLY	
Rec'd By:	

DEPARTMENT Division of Animal Services	NAME OF CONTACT Christine McClintock	PHONE NUMBER (530) 527-3439	BUDGET UNIT 2078
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TITLE OF GRANT 2026 Pet Lover's Spay and Neuter

GRANTOR AGENCY California Department of Food and Agriculture Office of Grants

GRANT OBJECTIVES To provide Spay/ Neuter services to community members residing in rural communities.

GRANT I.D. NO. N/A Federal Catalog # (if applicable): N/A

GRANT PERIOD From: 6/1/26 To: 5/31/27 Applicable Code and/or Legislative Reference:

DATE APPLICATION APPROVED BY BOARD: _____

DATE BOARD ACCEPTED FUNDS OR APPROVED CONTRACT: _____

IS GRANT RENEWABLE? (Check all applicable)

Yes	No	Annually	Indefinite	Specific No. of Years
	X			

GRANT FUNDING	Fiscal Year: 2026/2027	Fiscal Year:
FEDERAL		
STATE		
OTHER	\$50,000.00	
1. TOTAL GRANT FUNDS	\$50,000.00	

COUNTY FUNDING		
HARD MATCH (dollars)		
SOFT MATCH (In-kind)		
2. TOTAL COUNTY MATCH	\$0.00	

USE OF FUNDS		
PERSONNEL (attach detail)	\$12,500.00	
SERVICES/SUPPLIES	\$37,500.00	
EQUIPMENT		
OTHER CHARGES		
TOTAL FUNDS (must also = 1+2 above)	\$50,000.00	

IF HARD MATCH REQUIRED, IDENTIFY FUNDING SOURCE: N/A

IS MATCH FUNDING APPROPRIATED WITHIN EXISTING BUDGET? Yes No

METHOD OF PAYMENT OF GRANT FUNDS: Reimburse Advance

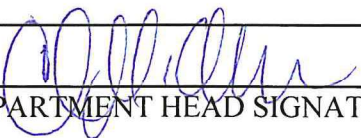
ANTICIPATED DATE(S) OF RECEIPT OF GRANT FUNDS: Full Reimbursement by June 30, 2027

EXPENDITURE DEADLINE: May 31, 2027

IS INTEREST EARNING ON GRANT FUNDS REQUIRED BY LAW? Yes No

WILL THERE BE IMPACTS TO HOUSING, STAFF OR OTHER COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) Yes No

COUNTY SUPPORT SERVICES? (If yes, please explain. Use attachment if needed.) N/A


 DEPARTMENT HEAD SIGNATURE

5/27/24
 DATE Form A-135 (Rev 8-21-07)