

Required Supporting Documentation

All applications must include supporting documentation that clearly verifies each "Yes" response provided in the Eligibility Requirements Screening section. Allowable forms of documentation can be found under section Grant Proposal Questions and Scoring of the Request for Grant Proposals (RFP). Incomplete submissions or missing documentation will result in immediate disqualification.

Acceptable Forms of Documentation Include:

- A screenshot of an official website showing current registration and standing
- A PDF printout of an official website showing current registration and standing
- An official letter from the appropriate authority confirming status and compliance

Eligibility Requirements Screening

Please answer the following questions to determine eligibility for the Pet Lover's Spay & Neuter Grant Program. Answering "No" to any of the following will result in immediate disqualification.

General Eligibility

1. Is your organization a veterinary facility registered and in good standing with the Veterinary Board? Yes
2. Is your organization operated by a licensee manager and in good standing with the Veterinary Board? Yes

Organization Type

Please select the category that best describes your organization and answer the corresponding follow-up questions:

- A California city, county, or city and county animal control facility
- Does your facility provide spay and neuter services to the public?
Yes
 - Is your facility current on its yearly rabies reporting requirements to the California Department of Public Health, Veterinary Public Health Section?
Yes
- A California non-profit 501(c)(3) organization that offers low-cost or no-cost spay and neuter services
- Is your organization registered and in good standing with the Secretary of State?
Click here to select Yes or No.

A California non-profit 501(c)(3) organization holding a municipal contract for animal control service

- Is the city and/or county with which your organization holds a municipal contract current on its yearly rabies reporting requirements to the California Department of Public Health, Veterinary Public Health Section? [Click here to select Yes or No.](#)
- Is your organization registered and in good standing with the Secretary of State? [Click here to select Yes or No.](#)

Section 1: General Information

Applicant Organization

Enter the legal organization name, mailing address, phone number, and website.

Name of Organization:	Tehama County Animal Services
Address:	PO Box 38, Red Bluff, CA 96080
Phone Number:	530-527-3439, tehama.gov/animal-services

Organization Type

Select the organization type that correctly reflects the nature of the applicant organization. If applicant organization is a non-profit 501(c)(3), provide the California Secretary of State Entity Number, as well as the date of the most recent Statement of Information filing.

- California city, county, or city and county animal control facility that provides spay and neuter services to the public.
- A California non-profit 501(c)(3) organization holding a municipal contract for animal control services.
 - California Secretary of State Entity Number:
[Click here to enter text.](#)
 - Most recent Statement of Information filing date:
[Click here to enter text.](#)
- A California non-profit 501(c)(3) organization that offers low-cost or no-cost spay and neuter services.
 - California Secretary of State Entity Number:
[Click here to enter text.](#)
 - Most recent Statement of Information filing date:
[Click here to enter text.](#)

Taxpayer Identification Number:

Enter the applicant's 9-digit taxpayer identification number in the format 12-1234567.
94-6000543

California Senate and Assembly Districts

Using the drop-down menus, select the California legislative districts where the applicant and project are located. If the project covers multiple locations, select "Statewide."

California Senate District:	01
California Assembly District:	03

Licensing Information

Applicants must be licensed and in good standing with the California Veterinary Medical Board (VMB). Enter the licensing information for both the facility and the licensee manager.

Veterinary Facility VMB License Number:	6489
Licensee Manager Name:	Deborah Fox
Licensee Manager VMB License Number:	13429

Authorized Representative and Secondary Contact

Enter contact information for the Project Manager.

Name and Title:	Christine McClintock, Animal Care Center Manager
Phone Number:	530-527-3439
Email:	cmclintock@tehama.gov

Enter contact information for a Secondary Contact.

Name and Title:	Shawnee Winterson, Animal Services Coordinator
Phone Number:	530-527-3439
Email:	swinterson@tehama.gov

Total Amount of Grant Funds Requested

Total Amount of Funds Requested: \$ 50,000

**Funds requested must be between \$25,000 and \$50,000 and must match the amount requested in the Budget Narrative.*

Funding Categories

Using the checkboxes, select the most appropriate funding category (check all that apply):

- In-House Spay/Neuter Services for Publicly Owned Animals
- Mobile Spay/Neuter Clinic for Publicly Owned Animals
- Voucher Program for Shelter Animals
(Adopters receive a voucher to be used to spay/neuter their newly adopted pet)
- Voucher Program for Owned Animals
(Redeemable at participating veterinarians)
- Feral Cat/TNR Program

Section 2: Proposal

Project Title:

Provide a clear and concise project title in 15 words or less.

Spay/Neuter Assistance for Cats and Dogs in Rural Communities

Project Description:

Summarize the project for which you are requesting funds. The summary should not exceed 200 words, and should concisely describe the need, goals, outcomes, and plan for evaluating and measuring the success of the project.

The program is focused on the critical need for additional access to veterinary care and spay/neuter services for rural communities in Tehama and Glenn counties. With over 20% of residents below the poverty line, long travel times and prohibitively high surgery costs prevent many pet owners from altering their pets. Utilizing our mobile spay/neuter van, the program will travel to different rural communities across the two counties. Free spay/neuter services for dogs and cats will be available to underserved residents living over 25 miles from a veterinary clinic. This program will increase the number of surgeries offered by 825, aiming to alter 575 cats and 250 dogs. Success will be measured through tracking surgery numbers, and assessment of community feedback and requests for assistance. Outcomes will guide future initiatives and determine funding needed to continue program operation beyond the grant period.

Project Purpose:

Identify the specific issue, problem, or need that the project will address, and explain why the project is important. All of the following must be addressed:

- a. **State the specific issue, problem, or need.**

Tehama and Glenn County residents have almost no access to affordable spay/neuter services, and many reside in communities without any veterinary clinics. Stray animal intake per capita is significantly higher in the rural communities than in cities with more access to veterinary care, often attributed to accidental litters of puppies and kittens. Last year, 30% of all stray intakes were under 5 months of age.
- b. **Clearly outline the need for spay/neuter service in your community and how the project will impact the overall number of spay/neuter surgeries in your community.**

Despite serving two counties and the five incorporated cities, there are no low cost spay/neuter clinics in our service area. Residents are referred to neighboring counties for low-cost services, where waiting lists are 12-18 months long. Even private veterinary clinics are scheduling 6 months ahead of time, and prices are unaffordable when over 20% of the population lives below the poverty line. This project intends to provide additional spay/neuter services in our most rural communities by transporting our mobile veterinary unit to those areas. Grant funding will increase the number of spay/neuter surgeries offered by 825 surgeries.
- c. **If the project will administer a voucher program, please explain how it will be administered and who will be eligible.**

This project will not include a voucher program.

- d. Describe any other low-cost or free spay/neuter services available to the community within your service area. Explain how your program will supplement the already existing programs, if applicable.

There are no low cost spay/neuter clinics in our service area. Current programs on our mobile veterinary unit focus on shelter animals, with about 50 free spay neuter surgeries provided for publicly owned animals. If funded, this grant would expand this program to provide free spay/neuter services for an additional 825 animals.

Prior Year Pet Lover's License Plate Project:

Indicate if the project builds upon a previously funded grant.

No

If yes, provide the CDFA agreement number(s), and explain how the new project differs from, complements, or builds upon previous work.

NA

Other Funding Sources:

Indicate if the proposal has been submitted to or funded by another state or federal grant program.

No

Other Funding Sources Continued:

If the proposal has been or will be submitted to or funded by another state or federal grant program, all of the following must be addressed:

- a. Identify the state or federal grant program and the agency administering the program.

NA

- b. State the amount of grant funds requested or awarded by the program.

NA

Project Awareness:

Describe what efforts will be made to promote the project and raise awareness for spay/neuter service in the community and to promote awareness of the Pet Lover's Spay and Neuter Grant Program through the purchase and renewal of the Pet Lover's specialized license plate.

This project will focus on rural communities without convenient access to veterinary care. Outreach will begin in central community areas, such as post offices and general stores. Waiting lists and surveys will be used to gauge community interest and assess volume of need. Flyers will inform residents about upcoming spay/neuter services, share that the services are courtesy of the Pet Lover's Spay and Neuter Grant Program, and include a QR code linking to the purchase and renewal of the Pet Lover's specialized license plate information. Grant progress will also be shared on the County website, including interest forms for rural communities seeking future assistance,

program success to date, and plans for upcoming spay/neuter opportunities. All pages will include acknowledging the grant program, and links to information about the specialized license plate program. Quarterly social media posts sharing the success of the grant program will also reference the grant program and the specialized license plate program.

Project Work Plan:

Fill out the provided timeline to describe the activities necessary to accomplish the project objectives.

Project Activity: Describe the project activities and tasks that are necessary to accomplish project objectives.

Performed By: Identify the name and/or title of the person(s) responsible for performing the project activity.

Timeline: Provide the estimated beginning and end dates (formatted MON YYYY; e.g., Jul 2025, or Jul 2025 – Aug 2025) for when each activity will be accomplished.

Only include grant-funded activities occurring within the grant period.

**Applicants may add or remove rows as needed.*

Project Activity	Performed By	Timeline (Mon YYYY)
Initial community assessments and waitlist set up	Shawnee Winterson & Christine McClintock	Jun 2026
Mobile spay/neuter clinics, 3-4 days per month	Dr. Fox, Dr. Hill, shelter employed RVTs and veterinary assistants	Jun 2026 – May 2027
Quarterly progress assessments	Shawnee Winterson & Christine McClintock	Sep 2026, Dec 2026, Mar 2026
Final grant assessment and reporting	Shawnee Winterson & Christine McClintock	May 2027

Evaluation and Performance Monitoring Plan:

Describe what the project is expected to accomplish and how it will be evaluated while in progress and upon conclusion. The following must be addressed:

- a. Describe the evaluation methods (surveys, meetings, etc.).
 Initial surveys and waiting list sign-ups will determine the extent of the need and number of surgery days required in each rural community. Post-surgery statistics be totaled for each community after the completion of the surgery day. Community waitlists and post-event surveys will provide additional data regarding ongoing needs and community impacts.
- b. Identify the individual(s) who will be collecting and analyzing the data.
 Shawnee Winterson & Christine McClintock

c. **State when the evaluation will take place (timeframe).**

Waitlist assessments for need will take place monthly for the upcoming month, with a final program evaluation to take place in May 2027.

d. **Explain how the data gathered will be used to correct deficiencies and/or improve performance.**

After the completion of surgeries, annual intake statistics for each community will then be compared to previous annual intake statistics. Program effectiveness will determine the funding needed to continue this program beyond the grant period.

Section 3: Budget Narrative

Total Amount of Grant Funds Requested	\$ 50,000
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All expenses described in this budget narrative must be associated with expenses that will be covered by Pet Lover's Spay and Neuter grant funds. Complete the tables provided below by filling in the requested information, including a brief description/justification of the costs requested. *Applicants may add or remove rows as needed.*

Please note: Grant funds cannot be used to cover provider overhead costs.

A. Personnel (Salary and Wages)

In the table below, list the employees whose time and effort can be specifically identified and easily and accurately traced to project activities.

For each employee, provide:

- The individual's name. If not yet known, enter "To Be Determined" or "TBD."
- The title (e.g. Director) or role on the project (e.g., Project Manager).
- The level of effort on the project. For hourly employees, provide the number of hours to be worked over the entire grant duration. For salaried employees, provide the percent full time equivalent (% FTE).
- The total amount of funds requested for the individual.

IMPORTANT: All individuals listed under category A. Personnel must be listed in the Project Work Plan.

#	Name/Title	Level of Effort (# of hours or % FTE)	Funds Requested
1	NA		0
Personnel Subtotal			0

Personnel Justification: For each individual listed in the table above, provide a brief summary of their duties and identify the project activities from the Work Plan that they will be responsible for completing.

Employee 1: NA

B. Fringe Benefits

In the table below, provide the fringe benefit rate for each employee that will be paid with grant funds. Fringe benefits are calculated as a percentage of an individual's Personnel and should be determined according to the organization's established fringe benefits policy.

For each employee, provide:

- The individual's name. If not yet known, enter "To Be Determined" or "TBD."
- The title (e.g. Director) or role on the project (e.g., Project Manager).
- The fringe benefit rate.
- The total amount of funds requested for the individual.

#	Name/Title	Fringe Benefit Rate (% of salary or wages)	Funds Requested
1	NA		0
Fringe Subtotal			0

C. Travel

In the table below, describe all travel in support of Spay and Neuter project activities. Travel costs are limited to established state government per diem rates issued by the California Department of Human Resources (travel within California) and standard mileage rates set by the U.S. Internal Revenue Service (<https://www.irs.gov/tax-professionals/standard-mileage-rates>).

For each trip, provide:

- The trip destination (city or county, and state).
- The type of travel expense incurred (e.g., mileage, fuel, etc.).
- The unit of measure for each expense (e.g., miles, gallons, etc.).
- The number of units for each expense (e.g., 250 miles, 10 gallons, etc.).
- The cost per unit for each expense (e.g., \$0.67 per mile, \$5.00 per gallon, etc.).
- The number of individuals claiming each expense.
- The total funds requested.

#	Trip Destination	Type of Expense	Unit of Measure	Number of Units	Cost per Unit	Number Claiming Expense	Funds Requested
1	NA						0
Travel Subtotal							0

Travel Justification: For each trip listed in the table above, provide the approximate dates of travel and the purpose of the trip. Multiple trips for the same purpose may be grouped together rather than providing a separate, duplicative justification for each. All trips must tie back to the projects objectives and activities outlined in the Project Work Plan.

Trip 1: NA

D. Supplies

In the table below, list the materials and supplies to be purchased with grant funds. Supplies are items costing less than \$5,000 per unit. General use office supplies (paper,

printer ink, pens, etc.) and facilities costs (telephone, internet, etc.) are considered indirect and should not be included.

For each supply, provide:

- The type of supply.
- The cost per unit.
- The number of units to be purchased.
- When the supply will be purchased (MM/YYYY).
- The total amount of funds requested for the supply.

#	Item Description	Cost Per Unit	Number of Units	Acquire When?	Funds Requested
1	NA				0
Supplies Subtotal					0

Supplies Justification: For each supply listed in the table above, provide a description of the item and a justification for how it will be used to achieve the outcomes of the project.

Supply 1: NA

E. Contractual

In the table below, provide an overview of all project-related contractual costs. Compensation for individual contractual fees should be reasonable and consistent with fees in the marketplace for similar services.

For each individual contractor that will conduct project activities and receive grant funds, provide:

- The contractor name/organization.
- The fee structure of the contractor (e.g. flat-rate, hourly rate, etc.).
- The total amount of funds requested for the contractor.

#	Contractor Name/Organization	Hourly Rate/ Flat Rate	Funds Requested
1	NA		0
Contractual Subtotal			0

Contractual Justification: For each contractor listed in the table above provide a short description of services and itemize categories (e.g. professional service, travel, lodging, etc.) the contractor will complete to meet the objectives and outcomes of the project.

Contractor 1: NA

F. Other

In the table below, list any expenses not covered in the previous budget categories. Expenses in this section may include, but are not limited to, registration fees to attend a professional conference, speaker/trainer fees, stipends, rental expenses, advertisements, publication costs, data collection, etc.

For each expense, provide:

- The type of expense.
- The cost per unit.
- The number of units to be purchased.
- When the expense will be incurred (MM/YYYY).
- The total funds requested.

#	Item Description	Cost Per Unit	Number of Units	Acquire When?	Funds Requested
1	Flat Fee Dog Spay	\$150	100	Ongoing	\$15,000
2	Flat Fee Dog Neuter	\$75	150	Ongoing	\$11,250
3	Flat Fee Cat Spay	\$50	375	Ongoing	\$18,750
4	Flat Fee Cat Neuter	\$25	200	Ongoing	\$5,000
				Other Subtotal	\$50,000

Other Justification: For each expense listed above, provide a description of the expense and how it will be used to meet the objectives and outcomes of the project.

Expense 1: Flat Fee Dog Spay. The average cost for our mobile veterinary unit to spay a dog is \$175. This includes surgery supplies, anesthesia, staff time, and fuel for the van's generator. If funded, the grant will reimburse \$150 for the cost of a dog spay.

Expense 2: Flat Fee Dog Neuter. The average cost for our mobile veterinary unit to neuter a dog is \$83. This includes surgery supplies, anesthesia, staff time, and fuel for the van's generator. If funded, the grant will reimburse \$75 for the cost of a dog neuter.

Expense 3: Flat Fee Cat Spay. The average cost for our mobile veterinary unit to spay a cat is \$58. This includes surgery supplies, anesthesia, staff time, and fuel for the van's generator. If funded, the grant will reimburse \$50 for the cost of a cat spay.

Expense 4: Flat Fee Cat Neuter. The average cost for our mobile veterinary unit to neuter a cat is \$27. This includes surgery supplies, anesthesia, staff time, and fuel for the van's generator. If funded, the grant will reimburse \$25 for the cost of a cat neuter.

VETERINARY MEDICAL BOARD

LICENSING DETAILS FOR: 6489

NAME: TEHAMA COUNTY ANIMAL SERVICES

LICENSE TYPE: VETERINARY PREMISES

PRIMARY STATUS: CURRENT

ADDRESS OF RECORD

PO BOX 38
RED BLUFF CA 96080
TEHAMA COUNTY

ISSUANCE DATE

JULY 14, 2008

EXPIRATION DATE

MAY 31, 2026

CURRENT DATE / TIME

JANUARY 5, 2026
9:42:18 AM

PUBLIC RECORD ACTIONS

› NO PUBLIC ACTIONS HAVE BEEN TAKEN.

LICENSE RELATIONSHIPS

PREMISES TO MANAGING LICENSEE

LICENSE/REGISTRATION ROLE: VETERINARY
PREMISES

RELATED PARTY ROLE: VETERINARIAN

NAME: FOX, DEBORAH

LICENSE/REGISTRATION TYPE: VETERINARIAN

LICENSE NUMBER: 13429 **PRIMARY STATUS:**
CURRENT

ADDRESS :
VALLEY VETERINARY CLINIC
420 ANTELOPE BLVD
RED BLUFF CA 96080-2403
TEHAMA COUNTY
MAP