



Ohio Pet Fund Grant Utilization Report

Organization Name: _____

Grant Amount: _____

Date of Grant: _____

Amount of Grant Money Used: _____

Amount of Grant Money Unused & Returned: _____

A. # of cats spayed with grant funds: _____

B. # of cats neutered with grant funds: _____

C. # of dogs spayed with grant funds: _____

D. # of dogs neutered with grant funds: _____

Numbers of Animals/Owners qualifying per category:

_____ 1 Number of dogs or cats sterilized but still awaiting adoption

_____ 2 Number of feral cats sterilized and returned to managed colonies

_____ 3 Certificate of adoption showing that the animal was obtained from a licensed animal shelter or pound.

_____ 4 Certificate of adoption showing that the animal was obtained from a nonprofit corporation.

_____ 5 Section 8 housing voucher

_____ 6 Schedule letter from Ohio Works First

_____ 7 Ohio Medicaid card

_____ 8 Letter from Veteran Benefits Administration acknowledging service-related disability

_____ 9 Ohio Direction Card (for food stamps)

_____ 10 WIC card (Women Infants and Children nutrition program)

_____ 11 Benefit letter documenting Supplemental Security Income

_____ 12 Benefit letter documenting assistance from Social Security Disability

_____ 13 Tax return showing owner's family income does not exceed 150% of the Federal Poverty

Guidelines established by the United States Department of Health and Human Services.

_____ 14 Other evidence that the owner or pet qualify via Sec. 955.201(C)(1) of the Ohio Revised Code.

Documentation of individual surgeries does not need to be sent to the Ohio Pet Fund, and may be discarded after two years.

_____ Check here if funds were granted for an education program pre-approved by the Ohio Pet Fund board; describe the use of funds for education on the back of the form.

Signature _____

Printed/Typed name _____

Title _____

Please return this completed form to the Ohio Pet Fund at:

The Ohio Pet Fund, 2280 Henderson Road, Suite 207, Columbus, Ohio 43220

or email it to Bertani@rrohio.com

If you need to request a time extension to utilize the grant money,
address a request to Dr. Leanne Bertani, Bertani@rrohio.com

