

New Mexico Board of Veterinary Medicine
 SPAY AND NEUTER GRANTS PROGRAM
GRANT MIDYEAR REPORT FORM

Note: The text fields in this form will expand as you enter your narrative.

A. PROJECT ADMINISTRATION INFORMATION

Grant Year				
Date of Report:		Covering Time Period:	to	
Primary Contact:			Email Address:	
Organization Name & Address:			Phone: <i>plus ext if any</i>	

B.

B. BUDGET EXPENDITURES

Total Grant Awarded:			
Grant Amount Spent to Date:			
<p>Provide a summary of your expenses (please separately list expenses for spay/neuter and list of other expenditures)</p> <p><i>For Example:</i></p> <p><i>Spay/Neuter Expenses:</i> <i>Surgery for 10 feral cats: \$500</i></p> <p><i>Other Expenses:</i> <i>Feral Cat traps: \$300</i></p> <p><i>Attach additional pages if needed</i></p>			

Do you anticipate returning any funds?	NO	YES	Amount Estimated to be Returned:
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C. GRANT STIPULATIONS

1. As an organization are you verifying that individuals receiving assistance for spay/neuter surgery are residents of New Mexico?
2. If a nonprofit organization, are you verifying all recipients of assistance for spay/neuter surgeries are meeting income qualifications (excluding services for community/feral cats)?

D. [PROGRAM PROGRESS]

1. Number of cats spayed to date:
 Number of cats neutered to date:
 Number of Community Cats altered to date:
 Number of dogs spayed to date:
 Number of dogs neutered to date:
2. How will you use the funds for the remainder of the grant period?
3. Assessment of meeting the objectives in your proposed schedule and budget:

Please send your completed Midyear Grant Progress Report and any additional pages as an email attachment to: Deborah.Schenk@bvm.nm.gov. Failure to provide Midyear Grant Progress Reports as per the due date listed in your grant award letter is a breach of the terms of the grant agreement.

Questions? Please Contact Deborah Schenk, Executive Director, at (505) 553-7021.

Thank you.