

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

Organization Name:

Year Covered by Grant:

Total Grant Awarded:

Grant Amount Spent:

Remaining Grant Funds to be Returned:

List of Expenditures:

Attach additional pages, if needed. A document showing expenditures can also be attached.

List Expenditures from any Matching Funds:

Attach additional pages, if needed. A document showing expenditures can also be attached.

A. Program Reach and Results

1. Number of Spay/Neuter Surgeries (Specific to Grant Funding Only)

Cats spayed to date:

Cats neutered to date:

Community Cats altered to

date: Dogs spayed to date:

Dogs neutered to date:

2. Number of Vaccines Given:

Rabies:

FVRCP:

DAHPP:

3. List Providers Who Medical Services (e.g., Spay/Neuter Surgeries, Vaccines) *Attach additional pages, if needed*

4. Locations Served:

Attach additional pages, if needed

5. As an organization did you verify that individuals receiving assistance for spay/neuter surgery were residents of New Mexico? Yes ☐ No ☐

6. If a nonprofit organization, did your organization maintain records that verify that all recipients of assistance for spay/neuter surgeries met income qualifications (excluding services for community/feral cats)? Yes ☐ No ☐

B. Early Impact

What early outcomes or signs of impact have you observed? (Check all that apply)

- ☐ Increased participation in your program
- ☐ Decrease in time of surgery waitlist
- ☐ Expanded reach to new communities
- ☐ Increased community awareness or engagement
- ☐ Other:

Attach additional pages if needed

C. Implementation & Learning

What are the top 3 things that worked well or might be considered best practice when implementing this program? What were the top 3 challenges or obstacles in implementing your program? *Attach additional pages, if needed.*

D. Goals

List the goals outlined in your application and identify how these were achieved. *Attach additional pages, if needed.*

E. Grant Application Experience

How clear and manageable was the grant application and reporting process? *Attach additional pages, if needed.*

- ☐ Very clear and manageable
- ☐ Mostly clear
- ☐ Somewhat unclear
- ☐ Difficult or burdensome

What could we improve to make the process more accessible or helpful?

F. Open Reflection (Optional)

Is there anything else you would like to share about your program or your experience as a grantee? Your comments are a valued part of program improvement. *Attach additional pages, if needed.*

Signature

Date