APPLICATION FORM FOR TNR GRANT **by 30/09/25**

**GRANT CONDITIONS**

1. Grants must be mainly used for the costs of sterilisation surgery for cats and dogs. It can also be used to cover minor associated costs such as surgical instruments, vaccinations and parasite treatment.
2. The Grant can also be used to buy TNR equipment such as dog/cat traps, dog catching nets, transfer cages, squeeze cages, protective gloves (please see our website for further information).

Please note - SNIP International does not support the use of dog poles or cat nets.

1. The Grant may not be used to pay for food, unrelated vet costs, adoption costs etc
2. The applicant must be a registered organisation and operate outside the UK
3. The organisation must have been established for at least one year.
4. The organisation must have an active TNR (Trap-Neuter-Return) program, or be due to start one, with an established sterilisation record.
5. The organisation’s income must not exceed £50,000 per annum (or equivalent)
6. Applications must be submitted via email, in English, and preferably typed.
7. Applications must include current financial accounts and an annual report or newsletter which indicates dedication to sterilisation.
8. If using private vets, estimated sterilisation costs must be disclosed (including any evidence of discounted rates).
9. A Grant Acceptance Form must be completed and returned before funds are released.
10. Failure to return the Grant Acceptance form within one month will result in the offer being withdrawn.
11. Organisations must acknowledge receipt of funds once they are received in their accounts or they will become ineligible for future funding.
12. A report with photographs showing how the funds were used is mandatory and should be sent to SNIP International within 6 months of receiving an award.
13. Organisations may reapply only 24 months after the conclusion of a previous grant, unless exceptional circumstances apply.

**SECTION 1: APPLICANT DETAILS**

**Contact Name:**

**Position in Organisation:**

**Phone Number:**

**Email Address:**

## SECTION 2: ORGANISATION DETAILS

**Organisation Name:**

**Organisation Address:**

**Date Organisation started:**

**Details of official recognition in your country:**

**Website / Social Media Accounts (links):**

**Number of Paid Employees:**

**Number of Unpaid Volunteers:**

## SECTION 3: ORGANISATION OVERVIEW

**Mission and Activities: Please describe in one paragraph your organisation’s mission, primary activities, and impact within your community.**

**Where and how does your organisation operate?**

**Do you currently operate a TNR programme? (Yes/No/Planned):**

**If yes or planned, please give start date:**

**What is your organisation’s policy on sterilising pregnant cats and dogs?**

**What is your organisation’s policy on euthanasia?**

**Veterinary Surgeon’s Name:**

**Veterinary Practice Address and Email:**

**Have you received previous support from SNIP International? (Yes/No):**

**Do you publish a newsletter or activity report? (Yes/No):**

**If yes, please include a copy**

## SECTION 4: ANIMAL STATISTICS (Past 12 Months)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Cats** | **Dogs** |
| **Intake** | By trapping/catching |  |  |
|  | From a home |  |  |
| **Spay/neuter** | Male |  |  |
|  | Female (non-pregnant) |  |  |
|  | Female (pregnant) |  |  |
| **End result** | Returned/Released |  |  |
|  | Euthanised |  |  |
|  | Rehomed/fostered |  |  |
|  | Sheltered |  |  |

## SECTION 5: FINANCIAL INFORMATION (Most Recent Accounts)

**Approximate Annual Income:**

**Approximate Annual Expenditure:**

**Current Financial Assets:**

**How do you raise funds?**

**Please remember to attach your organisation’s most recent annual accounts.**

## SECTION 6: GRANT REQUEST DETAILS

**Please provide a detailed explanation of your funding request. Include a proposed budget showing how the grant will be used:**

## SECTION 7: REFERENCES

**Please provide the names and addresses of at least two external organisations or individuals who we can approach for an opinion of your work.**

Referee 1

**Name/Organisation:**

**Email:**

Referee 2

**Name/Organisation:**

**Email:**

## SECTION 8: DECLARATION

**I confirm that the information provided is accurate and reflects the activities and intentions of the organisation. If awarded a grant, I agree to submit a full report to SNIP International within six months of receiving the funds.**

**Signature:**

**Date:**

**Full Name:**

**Position Held:**

## SUBMISSION INSTRUCTIONS

Please email your completed application by 30 September 2025 to snipinternational@gmail.com, including the following documents:

1. Completed Application Form
2. Copy of the most recent annual accounts
3. Most recent newsletter, activity report, or fundraising material