



2026 ASPCA® Grants for Shelters and Spay/Neuter Clinics: Major Capital Projects

The field of High Quality High Volume Spay Neuter (HQHVSN) has not returned to the same national output of affordable surgeries since the COVID pandemic. To combat this deficit, The American Society for the Prevention of Cruelty to Animals® (ASPCA®) is offering grants in this category ranging from **\$100,000 - \$500,000** to support major capital projects that add more spay-neuter capacity. The funding can be used to pay for general construction expenses and for equipment needed for spay-neuter services **up to 50% of the total cost of the project**.

Proposals in this category should have a complete budget and timeline for the capital project. Specifically, applicants' proposals should have:

- A statement that the applicant has at least 50% of the total project costs on hand allocated for this project.
- A comprehensive plan for fundraising/financing the remainder of the project costs which may include this grant request. You will be asked to provide the details of this plan as a part of the application.
- An anticipated start date for the capital project that is within the next 12 months. You will be asked to provide the anticipated construction start date for your capital project as a part of the application.

NOTE: If your project does not meet the 12-month timeline or you have not yet raised the 50% threshold, you do not qualify this year. The ASPCA may have similar funding opportunities in the future and invites you to check our [grant opportunities page](#) as your project progresses.

Examples of Major Capital Project proposals include:

- New spay/neuter facilities such as stationary clinics or mobile clinics. This would include additional locations for existing programs and includes any program which alters shelter cats and dogs, owned cats and dogs, community cats or any combination thereof.
 - Mobile Animal Sterilization Hospital (MASH) style programs (e.g., programs that set up temporary spay/neuter clinics in non-traditional spaces) should apply in the "[Increasing Spay/Neuter Surgeries](#)" category.
- Spay/neuter facility expansions such as building additions or major remodeling (i.e., substantial gut renovations that require design input from professionals such as architects) to an existing location.
 - Minor renovations to existing spaces may more appropriately qualify for a "[Increasing Spay/Neuter Surgeries](#)" category, please read the companion document for each category before making a determination.



NOTE: If the services provided in the newly renovated space(s) or new facility will include affordable wellness services outside of spay/neuter surgery, at least 50% of the projected services provided should be for affordable spay/neuter.

Vehicles used to transport companion animals are not eligible under this opportunity.

Application Questions

Organization Information

- Organization Name
- Street (Mailing Address)
- City
- State
- Zip code
- Website
- EIN #

Contact Information

- Primary Contact Name
 - Title
 - Email
 - Phone #
- Signatory Name (*can sign the grant agreement*)
 - Title
 - Email

Select the one category that best describes your organization:

(Tribal authorities should select "other". Nonprofit facilitator organizations should select "nonprofit- other". Facilitator organizations are not direct spay-neuter providers but enable spay-neuter by connecting their community to provider(s).)

- Nonprofit - Animal Shelter with a government contract
- Nonprofit - Animal Shelter without a government contract
- Government Animal Services
 - Please describe how your agency handles grant funds. Will your budget be increased by the amount received from us if you are selected for a grant? And how are the grant funds handled so that the spending can be tracked? *(We want to assure that these grant funds will be additive to the existing budget for your agency and not result in a reallocation of existing funds. We also want to understand how the spending of the funds will be tracked)*
- Spay/Neuter Clinic: For Profit
- Spay/Neuter Clinic: Nonprofit
- Veterinary Practice: For Profit



- Veterinary Practice: Nonprofit
- Nonprofit- Other
- Other
 - What type of organization?

For Nonprofits:

- Is your IRS tax exempt status (501c(3), etc.) current?
 - Yes
 - No
- Are you in good standing with the Secretary of State in the state where you are incorporated?

This means that you meet all the state-imposed requirements, which may include: filing reports/forms, paying required fees, appointing a registered agent, etc. If you aren't sure, go to your state's Secretary of State's website (or do an online search for: your State, "secretary of state," "business search") and look up your organization.

 - Yes
 - No
- Do you have 4 or more Board Members, and are the majority of your Board independent?

"Independent" means that fewer than half of your Board members can be paid employees and/or family members or close relatives. Note: Applicants who are incorporated in the state of New Hampshire are subject to compliance with N.H. Rev. Stat. § 292:6- a. If you are incorporated in New Hampshire and answer "yes" to this question, you are asserting that you meet the State's minimum board requirements or are exempt from them based on your status as a private foundation or receipt of an express waiver from the Director of Charitable Trusts.

 - Yes
 - No
- Do either your board chair or treasurer receive compensation from the organization?
 - Yes
 - No
- Is your charitable registration current/active in the state of your primary location?
 - Yes
 - No

Is your organization registered with Shelter Animals Count?

Shelter and rescue applicants must be registered with Shelter Animals Count (SAC), unless prohibited by law.



By contributing to SAC, organizations help build a reliable national dataset. Contributors to SAC also receive a wealth of information on national trends that may affect their organization.

Register here if you are not already reporting data to SAC:

<https://data.shelteranimalscount.org/login>

- Yes
- No

Required Documents

- For requests <\$25k:
 - For government/municipal animal services, for-profit, and tribal agencies: signed W-9
 - For nonprofits: current fiscal year budget, most current 990 form, current list of Board of Directors
- For requests ≥\$25k:
 - For government/municipal animal services, for-profit, and tribal agencies: signed W-9
 - For nonprofits: current fiscal year budget, most current 990 form, current list of Board of Directors, prior fiscal year balance sheet or financial statement, board chair bio, board treasurer bio, executive director bio
- For requests ≥\$100,000
 - For government/municipal animal services, for-profit, and tribal agencies: signed W-9
 - For nonprofits: current fiscal year budget, most current 990 form, current list of Board of Directors, prior fiscal year audited financial statement, prior fiscal year budget versus actuals, board chair bio, board treasurer bio, executive director bio

What is your project title?

How much is your request?

Does your organization tattoo (or plan to tattoo) all spay/neuter patients?

- N/A- we are a facilitator organization
 - Yes
 - No
- If no, please explain why

Describe what parts of your project this request will cover – be specific.



Upload a budget that reflects the costs of the entire project

Upload a budget that reflects the cost for this grant request

Upload your business plan or other project or fundraising information (optional)

What amount of funds do you have on hand that will be allocated to this project?

Provide more information about your fundraising plan

Select the description that best describes your current or planned spay-neuter program:

- a. Surgical Provider: S/N Only: Offer additional services, such as vaccines or testing, but only at the time of S/N
- b. Surgical Provider: S/N + Basic: Outside of S/N, offer basic wellness services such as vaccines, testing or sale of flea & tick product
- c. Surgical Provider: S/N + Basic + Common Diagnostics: In addition to S/N and basic wellness, offer diagnostics & treatment for common conditions such as skin/ear problems, intestinal parasite control, upper respiratory infection.
- d. Surgical Provider: S/N + Extensive: In addition to the options above, offer more extensive services such as soft tissue surgeries, x-rays, dental extractions and sick care.

Briefly describe your organization's current or planned spay/neuter program; how long it has been open, mission, how the program has grown or changed over time, etc. If this is a new program, what experience does your organization or your key member have with spay/neuter and what is your mission?

Please describe the need for spay/neuter in your community. Describe any local factors that have reduced spay/neuter service availability in your area in the last five years, such as clinic closures, temporary suspensions or reduced operating days and/or include any evidence of unmet demand (no-shows, waitlists, turned-away clients, etc.) at your clinic?"

What is your organization's current (and/or anticipated) geographic service area? Specifically, which county or counties (or county equivalent such as boroughs or parishes) do you serve (or plan to serve)?



In general, please indicate feline populations you serve (or will serve):

- Owned Cats
- Community Cats
- Pregnant Cats
- Kittens in the 2-5 month age range
- Please detail any exceptions to the above:

Describe any exceptions to feline populations your organization serves.

In general, please indicate canine populations you serve (or will serve):

- Owned Dogs
- Puppies in the 2-5 month age range
- Pregnant Dogs
- Dogs weighing 70lbs+
- Please detail any exceptions to the above:

Describe any exceptions to canine populations your organization serves.

Provide your 2025 baseline data

- Number of surgeries on owned dogs
- Number of surgeries on owned cats
- Number of surgeries on community cats
- Number of surgeries on shelter/rescue dogs
- Number of surgeries on shelter/rescue cats
- n/a

Population of animals for spay/neuter in this proposal:

- Owned dog spay/neuter
- Owned cat spay/neuter
- Community Cat Trap Neuter Return (TNR)
- Shelter Return to Field for Community Cats (S-TNR)
- Shelter or Rescue Dog spay/neuter
- Shelter or Rescue Cat spay/neuter
- Other – please explain

What is your predicted capacity with this program? If this is a new program, how many surgeries are you predicting to do in your first 12 months after opening. If this is an expansion



or additional location, what additional capacity are you predicting above the 2025 baseline figures you provided above.

- Number of surgeries on owned dogs
- Number of surgeries on owned cats
- Number of surgeries on community cats
- Number of surgeries on shelter/rescue owned dogs
- Number of surgeries on shelter/rescue owned cats

What is your plan to staff this new capacity?

What is your proposed fee for a female cat spay and what does this fee include?

What is your proposed fee for a 51 lb. female dog spay and what does this fee include?

What software or technology do you use or planning to use?

- Avimark
- Clinic HQ
- Digitail
- EzyVet
- Idexx NEO
- Petpoint
- Shelter Luv
- Shepherd Vet
- Other

What steps have you already taken in your project? For example, have you acquired land or signed a lease; have you identified a general contractor or other experts: where is your project in the permitting process?

When do you predict that construction, remodeling, or mobile clinic acquisition will start:

- Has already started
- In the next 3 months
- 3.1 - 6 months
- 6.1 - 12 months
- > 12 months



What risks do you foresee that could either prevent your capital project from starting/ continuing or cause delays?

By Submitting an application for an ASPCA grant, you agree to allow the ASPCA to utilize the information submitted on such application in any way it deems appropriate to support its mission to prevent cruelty to animals, including fundraising. Such uses may include, but are not limited to, reproducing such information in print or on the ASPCA website and/or allowing third parties to access such information. In addition, by submitting this application, you hereby certify that the requesting organization is aware of and endorses this request and the information herein and you are authorized to submit this application on behalf of the requesting organization.

Acknowledgment of Submission of Application to ASPCA: ☐

If your proposal is accepted and you move forward in the granting process, these will be the data requirements:

- Reporting requirements and frequency will include the following:
 - Provide baseline summary data (for clinics already in operation) at time of grant agreement, to include calendar year 2025 and (January through grant agreement/kick-off month) for 2026
 - Interim reporting (6 months into grant funded project)
 - Final report data (end of granting period)
- At time of grant agreement, the ASPCA will provide additional reporting guidance including a universal reporting template and anticipate having a "special report"/data export option available for ClinicHQ users. ASPCA staff will be available to provide guidance/technical support for reporting if needed.
- These reporting requirements are intended to not only illustrate the baseline (pre-grant) surgeries provided and grant-funded increase in surgeries, but to also support understanding of impacts across the communities served by ASPCA grantees cumulatively, including on shelters/rescues, pet-owning households, and community cats.

1. Need to know number of spayed dogs, number of neutered dogs, number of spayed cats, number of neutered cats for:

- Shelter/rescue animals
- Owned pets
- Community cats



- Note: Surgeries provided for partner organizations (such as a rescue that transports in a mix of rescue animals, owned pets, and/or community cats) will also need to be reported in the above categories based on pet ownership status.

2. For owned pet spay/neuter, unique number of households/owners (receiving a spay/neuter surgery for at least one pet):

3. Proportion of surgeries reported above by county (if you serve clients from multiple counties)

- Percent of all Shelter/rescue spay/neuter surgeries provided to shelters/rescues in:
 - County A:
 - County B:
 - County C:
- Percent of all Owned Pet spay/neuter surgeries provided to pets in:
 - County A:
 - County B:
 - County C:
- Percent of all Community Cat spay/neuter surgeries provided to community cats in:
 - County A:
 - County B:
 - County C:

Note: We can create a template specific to each grantee (for non-Clinic HQ clinics) if they report on their current and planned service area counties at time of application.