



THE HUMANE SOCIETY
OF THE UNITED STATES

MEMORANDUM OF UNDERSTANDING

BETWEEN
THE HUMANE SOCIETY OF THE UNITED STATES AND
SPAY [REDACTED]

SUBJECT: Administration of a \$2,000 spay/neuter grant from THE HUMANE SOCIETY OF THE UNITED STATES and the Doris Day Animal Foundation during the month of February 2011 in honor of the 17th annual Spay Day (Tuesday, February 22, 2011).

I. Purpose. To outline the responsibilities of THE HUMANE SOCIETY OF THE UNITED STATES SPAY [REDACTED] in administering the \$2,000 Spay Day spay/neuter grant.

II. Responsibilities: THE HUMANE SOCIETY OF THE UNITED STATES

- 1) Within two weeks of receiving the requested documentation, disburse \$2,000 to SPAY [REDACTED] via ACH/EFT to provide spay/neuter services during the month of February 2011 to pet owners who would not otherwise be able to afford the procedures.

Please
initial each
condition

III. Responsibilities: SPAY [REDACTED]

- 1) Spend the \$2,000 in grant funds during the month of February 2011 in honor of Spay Day to provide spay/neuter services to pet owners who would not otherwise be able to afford them.
 - a) SPAY [REDACTED] may determine how much to subsidize each spay/neuter procedure as well as who qualifies to receive spay/neuter subsidies. Neither THE HUMANE SOCIETY OF THE UNITED STATES nor the Doris Day Animal Foundation has income or other requirements, only that the pet owner expresses need.

- 2) In the Excel spreadsheet provided, track the following data for each animal assisted with these funds:

	Please initial each condition
a) Name of owner/guardian	
b) Type of animal (cat or dog)	
c) Sex of animal (male or female)	
d) Name of animal (if stray or feral, "Stray" or "Feral")	
e) Breed and brief physical description of animal (ex.: "Lab mix" or "grey tabby")	
f) Date of surgery and amount of grant money spent on each animal	
g) What grant money was actually spent on (ex.: "subsidy," "full cost of procedure," etc.)	
h) Location of spay/neuter surgery (clinic or shelter name)	
3) Provide to The HSUS photos of <u>at least two of the animals</u> (more are welcome!)—preferably with their owners/guardians—assisted with these funds.	
4) Forward to The HSUS <u>at least two</u> compelling stories or quotes from pet owners/guardians who benefit from these funds.	
5) Register the administration of these funds as a Spay Day 2011 event at humanesociety.org/spaydayregister (user name: USER NAME ; password: PASSWORD). Credit "The HSUS and Doris Day Animal Foundation Spay Day Grant" in the event description.	
6) Report the results of this event online at humanesociety.org/spaydayregister by the deadline of March 14, 2011.	
7) Inform Dawn Lauer (dlauer@humanesociety.org; 301-258-3075) <u>no later than February 15, 2011</u> , if it appears you will not be able to spend all of the \$2,000 grant money by February 28, 2011.	

DAWN LAUER

Spay/Neuter Program Coordinator

(Date)

NAME: _____

TITLE: _____

(Date)

ACH/EFT Authorization Agreement



THE HUMANE SOCIETY
OF THE UNITED STATES

humanesociety.org/spayday

In an effort to assure prompt and precise payment of all invoices, The HSUS is gradually converting all vendors to EFT (electronic funds transfer). We encourage your company to complete and submit this EFT Authorization Agreement. Your payments will automatically be sent to your bank account via electronic transfer.

Once you complete this form, please return it by January 26, 2011, via fax or email to:

- Email: dlauer@humanesociety.org
- Fax: 301-258-3081

Participating in the ACH/EFT system is free to you and provides a timely and cost-efficient method of payment by sending funds directly into your business bank account. You will be notified by email with all the information needed to accurately apply the payment.

Please allow at least two weeks for processing when authorizing ACH/EFT Funds Transfer for the first time or when changing bank accounts.

Vendor Name/DBA As: _____

Primary Account: _____ Checking _____ Savings

(A) _____ Begin Direct Deposit (B) _____ Account Closed (C) _____ Account number change

Name of Banking Institution or Credit Union: _____

Telephone Number (include area code): _____

9-Digit Transit Routing Number: _____ Account Number: _____

EMAIL ADDRESS REQUIRED FOR NOTIFICATION (please print):

Signature: _____ Date: _____