**FORM F**

**ASSESSMENT NARRATIVE**

**ASSESSMENT NARRATIVE GUIDELINES**

Multiple data sources and assessments exist for many communities. Applicant is encouraged to use these resources when completing this form. Specifically address each of the assessment activities listed below associated with the spay and neuter services proposed in this Application. Address each of the assessment activities listed below and associate with the services proposed in this Application. A maximum of **five (5)** additional pages may be attached if needed.

The required assessment items include:

**SECTION I. Target Area:**

1. Are there low cost spay/neuter services in your target area? Yes  No

2. Describe the target area and identify client base population to be served:

a. Where is your client base?

1. List county(ies), city(ies).
2. What is the total population of all target areas to be served?

b. Average Client Base Income:

1. What is the average per capita income for all areas targeted?
2. What is the average poverty level percentage for all areas targeted?
3. What is the average percent unemployed for all areas targeted?

Use this URL for all bullets above: <https://data.census.gov/advanced>

**SECTION II. Strategy for Marketing**:

3. Describe what you will do to achieve the Project’s objective.

Provide a complete and detailed description of your outreach/marketing strategies for getting the word out about your organization’s spay and neuter project. Include any outreach to low-income pet owners if that is part of the strategy.

Possible mediums or activities for the outreach/marketing strategies are:

1. Radio.
2. TV.
3. Newspapers.
4. Mail-outs.
5. Phone calls.
6. Flyers.
7. Posters.
8. Social media sites.
9. Targeting various age groups by speaking at local schools, local church groups.
10. Targeting various cultures by providing flyers or ads in different languages
11. Provide outreach to educate on the benefits of spaying and neutering pets.
12. Work with local animal control officers to encourage them to tell the public about the spay/neuter program.

**SECTION III. Coordination and Collaboration:**

4. Describe your history and experience in Coordination and Collaboration of Activities:

a. Do you collaborate with others in your community? Yes No

Examples: Local VMAs/veterinarians

Shelters

Humane organizations

Rescue groups

Schools

Local governmental agencies

Churches

b. List the names of community partners you have worked with.

c. Describe your recent coordination and collaborative efforts and the successes or outcomes with each of your community partners.

**SECTION IV. Target Cost Estimate:**

5. Cost estimate:

a. What is your cost for each of the following procedures? (If you will be using multiple contracted veterinarians, please calculate the average cost.)

1. Per dog spay
2. Per dog neuter
3. Per cat spay
4. Per cat neuter

b. What is the cost in your target area for each of the following procedures? (If your target area includes multiple counties/cities, please calculate the average cost for all areas.)

1. Per dog spay
2. Per dog neuter
3. Per cat spay
4. Per cat neuter

Funds must be used to:

1. Sterilize dogs and cats owned by the general public at no or minimal costs;
2. Pay for expendable veterinary surgical supplies only: and
3. Pay for veterinary personnel.

**Attach a copy of your proposed fee schedule.**

Written justification will be required if the estimated costs from the Quarterly Performance Measures Report are greater than 25% than on the submitted State of Texas Purchase Voucher (B-13 Form).