

Veterinary Medical Equipment Grant

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Grant Overview

This grant program is for nonprofit animal welfare organizations and/or government animal service agencies to provide funding for the purchase of veterinary medical equipment for use at on-site clinics, pop-up clinics, mobile veterinary units, disaster relief vehicles, etc. Equipment must be used to treat owned or adoptable companion pets within a few months or so of receiving grant funding. Grant funding can be used to purchase a variety of medical equipment such as anesthesia and dental equipment, digital x-ray imaging systems and accessories, ultrasounds, autoclaves and sterilizers, centrifuges, surgical tables and lighting, etc.

Funding can be used to cover the total purchase price of equipment **up to \$15,000.00** or can be used toward the purchase price of higher priced items.

Due to significant demand, we prioritize funding for organizations that need to replace old, unsafe, or broken equipment, those who need equipment to make treatment safer for the animals they serve, and those who want to bring services in-house in order to reduce wait time and costs at a private clinic. We also prioritize funding for equipment that will serve both adoptable and owned pets.

We are unable to fund equipment for sole use on equine, sanctuary, livestock, wildlife or feral animals. We are not able to reimburse for equipment you have already purchased, and we cannot fund kennels, washer/dryers, laptops, used equipment, or equipment repairs.

Please be prepared to provide the following attachments:

- A narrative including general information about your organization and programs, need for equipment, how equipment will be used, your plan for evaluating impact of new equipment, and all collaborating organizations and other funding sources.
- Detailed program budget.
- Photos of clinic/vehicle where equipment will be used, or diagram of proposed construction.
- IRS 501(c)(3) determination letter.

Gap year requirement:

Organizations can only be approved for funding once per 12 month grant cycle, and for a total of two consecutive years. If you have been approved for a grant within the past 12 months, we are unable to consider you for additional funding at this time. If you have been funded by the Banfield Foundation for the last two years, you will not be considered for a third year of funding. After a gap year, you will, however, be able to apply for funding again. Funding through our Disaster Relief Grant is exempt from the gap year requirement. If you have any questions on whether your organization is eligible, or any questions related to grant applications, please don't hesitate to email Grants@Banfieldfoundation.org.

Applications will be accepted and reviewed quarterly throughout the months of February, May, August and November with a deadline for submissions on the last day of these months. We will notify you of the status of your application the subsequent month.

Primary Contact Person

First name *

Barbara

Last name *

Vass

Title *

Assistant Director and Life:

Email *

barbara.vass@fortbendcou

Contact phone *

281-633-7591

Contact phone extension

Would you like to list a secondary contact person?

☐ Yes

☒ No

Organization Information

Organization name *

Fort Bend County Animal S

Organization EIN *

74-6001969

Organization phone *

281-342-1512

Organization website

www.fortbendcountypets.c

So that we best understand the scope of your activities and impact, please select ALL categories below that describe your organization and program focuses.

Please select...

Animal Shelter

Animal Welfare Organization

Domestic Violence Shelter

(Select multiple by holding down Ctrl key while clicking each selection)

Organization Address

Mailing address *

401 Jackson Street

Physical address

1210 Blume Road

Mailing city *

Richmond

Physical city

Rosenberg

Mailing state *

Texas

Physical state

Texas

Mailing postal code *

77469

Physical postal code

77471

Program Information

Program/project/clinic name *

Fort Bend County Animal S

Amount requested (You may request up to \$15,000) *

\$8100

Please provide a brief summary of your funding request (500 character limit) *

We are working on updating our veterinary medical suite with equipment that will allow us to provide better care to our pets in the shelter and in our expanding foster program. We are asking for two thermometers, a circulating water blanket and pump system and an additional anesthesia machine to accommodate an additional surgical table to increase the number of

Estimated number of pets helped by this equipment over five years *

10,000

States served by this program *

South Carolina
South Dakota
Tennessee
Texas

To select multiple states, hold down the Ctrl key while clicking each state you wish to select.

Specific counties or information about locations served (255 character limit)

Fort Bend County Animal Services is located in Fort Bend County, TX. One of the fastest growing counties in the US. We cover over the unincorporated area of FBC which is 850 square miles and serve almost 900,000 people.

Narrative

Describe your organization and need for equipment. Please copy and paste these questions into your narrative, and be sure respond to each of the following.

Do not exceed four pages.

1. General information about your organization and your various programs.
2. Describe the equipment you need, and why you need it. Are you expanding your clinic, upgrading old/broken/unsafe equipment, other?
3. Estimate the number of pets this equipment will impact over the next five years.
4. Will this equipment be used for your own adoptable pets? Owned pets in the community? Used for adoptable pets at other partner shelters or rescues?
5. What treatment or services do you provide to these pets?
6. When will you begin using this equipment?
7. Describe your on-site clinic, mobile clinic, or pop-up clinic where this equipment will be used. If you are in the process of building or remodeling a clinic, please provide details including construction timeline, estimated completion date, etc.
8. Please provide information on who will be using this equipment, i.e. staff veterinarians, certified veterinary technicians, volunteer veterinarians, etc. Will a licensed veterinarian order the equipment?
9. Describe your plan for evaluating the impact of this equipment for your organization, staff, community, number of pets helped by your organization, etc. (Describe efficiencies, or how you'll utilize cost savings)
10. Will you be collaborating with other organizations? If so please list.
11. List all funders for which you have received or requested funding for this project, including amounts. If there is gap between funds raised (including the requested amount from the Banfield Foundation) and the total cost of equipment, please describe your plan and timeframe for making up the difference.
12. In your last full year of operation, what percentage of the funds you raised went directly to support programs?

Banfield VMEG Narrative 2024.docx ☐ Upload a different file

All files attached to this application must total less than 20 MB. Please compress your PDF files at a free resource such as smallpdf.com.

Program Budget

Please attach a detailed program budget, including type of equipment, model numbers, manufacturer, purchase price, etc. If you have a purchase order or quote for the equipment, please include.

Banfield Vete...ant 2024.xlsx

All files attached to this application must total less than 20 MB. Please compress your files at a free resource such as smallpdf.com

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IRS 501(c)(3) Determination Letter

Form 4076c l...d 9-22-17.pdf

If you are a governmental organization and not a 501(c)(3) please submit your Letter 4076C

Photos or Diagrams

Please attach photos of clinic or vehicle where equipment will be used. If part of a larger project such as a surgical suite or area under construction, please include a diagram of the project.

Vet Room 1 2024.jpg

All files attached to this application must total less than 20 MB. Please compress your files or attach in a zip folder.

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Vet Room 2 2024.jpg

All files attached to this application must total less than 20 MB. Please compress your files or attach in a zip folder.

[Remove](#)

Vet Room 3 2024.jpg

All files attached to this application must total less than 20 MB. Please compress your files or attach in a zip folder.

Photo Attachments

Upload at least one photo, high-resolution preferred, that best represents this program or your organization. Please ensure photo permissions allow for Banfield Foundation's use.

If you have more than one photo to share, select "Add another response" below.

FBCAS Main Building.jpg

All files attached to this application must total less than 20 MB. Please compress your files at a free resource such as smallpdf.com

[Add another response](#)

Other Attachments

If you have any other attachments that you would like to add (e.g. full organizational budget, references from organizations with whom you collaborate, news and PR, or photos) please attach them below. If you have more than one file to attach please select 'Add another response.'

No file chosen

All files attached to this application must total less than 20 MB. Please compress your files at a free resource such as smallpdf.com

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