

2006 FLORIDA ANIMAL FRIEND GRANT APPLICATION

APPLICANT INFORMATION

Entire application must be typed or neatly printed – Sections may be expanded as needed to provide important details, but remember to be concise. Do not change the format of the application.

Name of Applicant Agency: **Caloosa Humane Society, Inc.**
Person Submitting Proposal: **Swea Nightingale** Title: **Treasurer**
Organization Address: **1200 Pratt Blvd., PO Box 2337**
City, State, Zip Code: **LaBelle, FL 33975**
Website Address: **www.dogncat.petfinder.com**
Phone number: **863-675-0997** Fax Number: **863-675-0997**
Cell Number: **239-246-3095** Email Address: **dognpuppy@earthlink.net**

863-612-0085

Title of Proposal: **Add Four Spay/Neuter Days**
Total Amount of Funding Requested: **\$4,320.00** Check payable to: **Caloosa Humane Society, Inc.**
Dates of Last Complete Fiscal Year: **1/1/05 to 12/31/05**
Organization Income in Last Fiscal Year: **\$100,741.00**
Organization Expenses in Last Fiscal Year: **\$105,079.00**
Number of Paid Employees: Full-time: **1** Part-time: **3**
Number of Active Volunteers: **4** Total Volunteer Hours per Week: **30**

Describe Your Agency (check all that apply):

Services Provided

- Unlimited intake shelter
- Limited intake shelter
- Foster network
- Animal control
- Spay/neuter services
- Feral cat sterilization
- Veterinary care to the public

Organization Structure

- City, county, or tribal agency
- Private nonprofit agency
- Spay/neuter clinic
- Veterinary association
- Private veterinary clinic
- Community collaboration
- Other (Please explain below)

Grants received in the past five years (if any):

| Funder | Funding Period Dates | Purpose | Amount |
|-----------------|----------------------|-------------|------------|
| DJ&T Foundation | 2004-2006 | Spay/Neuter | \$5,000.00 |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

GRANT PROPOSAL DETAILS

Applicant Qualifications:

In the last complete fiscal year:

359 cats and **782** dogs were handled (describe your animal program)

Our shelter takes in and provides care for homeless and unwanted animals. We screen prospective adopters using adoption policies and protocols. We run a spay/neuter clinic for the public every other week and we do not release any animals for adoption without sterilization. We provide euthanasia for those animals whose lives must be ended. When possible we try to be a source of information for the responsible training and care of animals. We work with the Labelle, Clewiston, and Glades County Animal Controls who refer also refer clients to us. In addition three veterinary clinics refer clients to us.

286 cats and **497** dogs were sterilized (describe your sterilization program)

The Spay/Neuter Clinic of the Caloosa Humane Society operates every other Friday from 8 am to 1 pm. Appointments can be made by the public for their cat(s) or dog(s). At this time adoptable animals at the shelter are also sterilized. Our spay/neuter clinic and the necessity/benefits of pet sterilization are promoted through the website, membership brochure, newsletter, and fundraising events.

If your program performs adoptions, are all animals sterilized before adoption? **yes**

If not all, what percentage of animals is not currently sterilized before adoption? **0%**

If not all, how are animals selected for sterilization before adoption? **n/a**

If not all, describe your sterilization policies and procedures for assuring sterilization after adoption:
n/a

Give additional background information on your organization's programs as they relate to this application and the qualifications of the personnel who will be in charge of this program. Show that you have the ability to carry out this program:

The Caloosa Humane Society has ongoing relationships with two vets who perform the surgeries at the clinic for both the public's animals and the animals for adoption at the shelter. We offer rabies and Dog 5-1 and Cat 4-1 shots ONLY with spay/neuter surgery. Staff includes the Shelter Director with over 3.5 years experience and 3 part time workers trained for this aspect of the Shelter's activities. We also generally have one or two volunteers who assist with the intake, paperwork, aftercare of the animals that are brought in for sterilization.

Is this a community collaboration involving multiple groups? If so, list each group by contact information and role in the project:

| Group Name | Group Address | Website | Role |
|------------|---------------|---------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Problem statement:

Pet overpopulation is the number one issue facing companion animals today. More than five million pets are euthanized annually because there are not enough homes for them. It costs U.S. taxpayers an estimated \$2 billion each year to take in, care for, and often euthanize homeless animals. Although education has increased the percentage of animals that are spayed and neutered, more sterilization is needed to reach the critical thresholds necessary to control overpopulation. Since funding for sterilization programs is limited, it is important that available funds be used for programs that target the most significant sources of cat and dog overpopulation and that these programs increase sterilization surgeries above the current baselines of the community.

Describe the target area:

Geographical target area (name of city, county, Florida, etc.): **Glades County, Hendry County, Florida**

Total human population in target area: **49294** (information available at www.census.gov).

Percent of residents living below poverty in target area: (www.census.gov) **15.2%** *Glades County, 24.1% Hendry County*

Estimated number of pet cats in target area (human population divided by 4.0): **12324**

Estimated number of pet dogs in target area (human population divided by 4.8): **10270**

Estimated number of feral cats in target area (human population divided by 6.0): **8216**

Please explain if you believe your target area animal population is significantly different than above.

There is a significant migrant population in these counties.

Number of cats and dogs admitted to animal control shelters in the target area last year (if known)

Number of cats and dogs euthanized in animal control shelters in the target area last year (if known)

What kinds of spay/neuter services are currently available in the target area? In what way are these resources currently insufficient?

The Caloosa Humane Society is the only low-cost alternative for the public in both counties. In addition, Animal Control from both counties and local rescues bring their animals to us for this service. However, the Caloosa Humane Society is severely limited by funding and staff to provide any more than the every other week spay/neuter clinic days.

If you currently have a program for sterilization of cats and/or dogs, describe your current level of funding and productivity and why additional resources are needed.

Additional resources are needed to increase our current program from every other week (26 days) to 30 days. We are re-applying to the DJ&T Foundation for a spay/neuter grant but that will now be limited to dogs only.

Describe the specific target population of the spay/neuter project:

Pets in low-income families: What qualifications will you use to determine low-income status? **To receive this benefit we would request proof of government aid, social security benefit or any other pertinent information in regards to their financial situation showing their need for financial assistance.**

Special populations (e.g., pit bulls, underserved regions, unique events):

Neuter-before-adoption of animals from shelters or rescue groups

Feral cat sterilization

Other: **Cats**

Objectives:

What do you hope to accomplish with these funds (objectives should be specific and quantifiable)?

We hope to increase the number of sterilizations for the year by adding 4 more spay/neuter days to our yearly schedule (currently 26) and promoting those four days particularly for cats. We plan to actively pursue increasing the level of spay neuter for cats for our current schedule. This in turn lowers the euthanasia rates countywide or in all 4 shelter facilities available: our shelter and the 3 Animal Controls.

Methods:

What criteria will you use to determine eligibility for the program?

All the public will be encouraged to bring their cats in. The cat population in our area is quite large and while dogs are usually easily adoptable, cats are less popular. Those requesting financial assistance will need to provide proof of government aid, social security benefit or any other pertinent information in regards to their financial situation.

What arrangements have you made with veterinarians to perform the surgeries? Is the veterinarian(s) on your staff, on contract, in a spay/neuter clinic, or in private practice? Please attach a collaboration letter from the lead veterinarian, practice, or association that will provide spay/neuter services.

The Caloosa Humane Society works with two veterinarians for the current spay/neuter program and will do so for the 4 additional days.

How will you advertise the program? Consider using verbiage such as "limited to the first 50 applicants, one per family" or other restrictions so that you can graciously end the offer as needed. Explain how the advertising will reach the target audience. Attach promotion materials if available.

We will advertise the program with posters and the local newspapers in both counties. We also will provide information at both our "Bluegrass Festivals" that are sponsored by us (November & April). The program will also be promoted at our booth during the LaBelle Swamp Cabbage Festival which is extremely well attended by people from both counties.

How will you address barriers to full use of the program such as transportation, literacy, and cultural hurdles?

Any written materials and posters will also be provided in Spanish.

Veterinary fees:

What is the fee range to be paid for spay and neuter and what is the distribution to be paid by the pet owner vs. the grant program? Keep in mind that Florida Animal Friend grant funds may only be used for costs directly associated with sterilization surgery and not for other items such as vaccines, testing, and licensing.

| | Amount Paid by Owner | Amount Paid by Project | Total Amount |
|------------------------------|-----------------------------|-------------------------------|---------------------|
| Range for Male Cats | \$20 | \$12 | \$32 |
| Range for Female Cats | \$30 | \$17 | \$47 |
| Range for Male Dogs | \$40 | \$ | \$80 |
| Range for Female Dogs | \$45 | \$ | \$90 |

Is this a voucher program? If so, how will you assure compliance with the program?

No

Other information:

Provide any additional information that will help the grant selection committee understand how the program will operate to achieve its goals.

Evaluation:

Applicant agrees to complete the Grant Follow-up Report and return it to Florida Animal Friend within 12 months of receipt of funds.

Budget:

Total number of sterilization surgeries projected: cats **360** dogs
Total budget requested: **\$4,320** Average cost/surgery projected: **\$12-15**
Budget should not exceed \$20,000. Create a line item for each separate kind of expense that will be covered by the grant funds, such as veterinary fees, surgical supplies, transportation, etc..

| Item | Cost Each | Number | Total Cost |
|----------------------|-----------|--------|------------|
| Veterinarian Charges | \$10.00 | 360 | \$3,600.00 |
| Anesthesia | \$2.00 | 360 | \$720.00 |
| | \$ | | \$ |
| | \$ | | \$ |

Describe any expenses that are not included in the grant and how they will be paid for:
The other expense is the paid staff provided for the extra hours of the spay/neuter days. This expense will be paid for by the fundraising efforts of the Board of Directors and the Shelter.

Timeline:

All projects must be completed within 12 months of receipt of funding. Any unexpended funds must be refunded to Florida Animal Friend within 30 days of the end of the project. Requests for time extensions must be made in writing at least 30 days prior to the end of the project.

Projected start date: **1/1/07** Projected end date: **12/31/07**

Future Funding:

Explain how the organization plans to fund this program in the future. Having plans beyond “seeking funds from other funders” enhances the chances of receiving this grant.

Through the first year's promotion and implementation of four added days of spay/neuter (particularly focused on cats) we expect to raise the level of awareness in our two counties of the necessity of this program and thereby, increased donations from the public.

Promotion of Florida Animal Friend Spay/Neuter License Plate:

Applicants selected for funding are expected to publicize their grant in support of their spay/neuter program via press releases, newsletters, website links, etc. In addition, they are expected to promote the sales of

license plates so that additional spay/neuter grants can be funded. Please describe your plan to promote the Florida Animal Friend Spay/Neuter License Plate.

Information will be provided: at the shelter via handouts and posted materials; on the website with a link; and in any mailings that are done to our mailing list.

By my signature below, I attest that the information provided in this grant proposal is true and that the proposed spay/neuter program complies with local city, county and state ordinances and laws.

Application submitted by:

Signed: 

Date: **5/30/06**

Name: **Swea Nightingale**

Title: **Treasurer**

Checklist of attachments:

For private nonprofit agencies:

- IRS Tax Exempt #**65-0759567**
(attach copy of Tax Exempt Ruling Letter or documentation of exemption)
- FL Dept of Agriculture & Consumer Affairs, Div of Consumer Services Registration #
(attach copy of certificate or documentation of exemption)
- Most recent IRS Form 990 (pages 1-4 & signature page) or 990EZ (page 1-2 & signature page).
- Current fiscal year agency budget
- Roster of applicant's board of directors, including address, phone number, email address, occupation and whether board members are compensated for their positions.

For city, county, or tribal entities:

- For city and county governments, attach current fiscal year agency budget, the line item that the funds would be deposited into, last fiscal year report for the animal control agency detailing operational figures including spay/neutering program figures, a letter from the director of the city or county animal care and control agency on city or county letterhead clearly indicating support for the application of the grant proposal.
- For tribal entities, attach a letter signed from the Tribal Authority of the local Tribal Health Department.

For all applicants:

- Completed grant application
- Veterinary collaboration letter for spay/neuter services
- Copies of newsletters, media clippings, public service announcements, brochures, etc. that pertain to the applicant's spay/neuter program (hard copies only, no videos, DVDs, etc).

Applications must be **received by** the due date to be considered in the current cycle. Applications received after the due date and incomplete applications will be returned without review. It is advisable to use a carrier that offers a guaranteed delivery date. Completed applications, including the grant application form, required supporting documents, and other attachments must be submitted together as a complete packet. Please submit 1 original and 4 identical copies of the application and all attachments for review. Each copy should be stapled or compiled with a binder clip. Do not use binders, folders, or other display materials for the applications.

Send to:

Florida Animal Friend, Inc.
Post Office Box 669
Ft. Lauderdale, FL 33302
954.316.8621
www.floridaanimalfriend.com