

**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: **Humane Society of Vero Beach & Indian River Co., FL, Inc. (HSVB&IRC)**  
 Person Submitting Proposal: **Joan Carlson** Title: **Executive Director**  
 Organization Address: **P. O. Box 644**  
 City, State, Zip Code: **Vero Beach, FL 32961**  
 Website Address: **www.verobeach.com/humanesociety**  
 Phone number: **772-388-3331** Fax Number: **772-388-3981**  
 Cell Number: **772-473-6886** Email Address: **jcarlson@hsvb.org**

Title of Proposal: **Increased Sterilizations for Low Income Pet Owners**  
 Total Amount of Funding Requested: **\$6,000.00** Check payable to: **Humane Society of Vero Beach & Indian River Co., FL, Inc.**  
 Dates of Last Complete Fiscal Year: **10/1/04 to 9/30/05**  
 Organization Income in Last Fiscal Year: **\$3,033,561.00**  
 Organization Expenses in Last Fiscal Year: **\$2,360,336.00**  
 Number of Paid Employees: Full-time: **29** Part-time: **5**  
 Number of Active Volunteers: **484** Total Volunteer Hours per Week: **432**

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):

<b>Funder</b>	<b>Funding Period Dates</b>	<b>Purpose</b>	<b>Amount</b>
<b>ASPCA National Shelter Outreach</b>	<b>2002</b>	<b>Capital Campaign</b>	<b>\$2,000.00</b>
<b>Community Foundation of Central Florida</b>	<b>2002</b>	<b>Capital Campaign</b>	<b>\$7,350.00</b>
<b>Elinor Patterson Baker Trust Fund</b>	<b>2002-04</b>	<b>Capital Campaign</b>	<b>\$20,000.00</b>
<b>Orchid Island Rotary Club</b>	<b>2005-06</b>	<b>School Field Trips</b>	<b>\$3,000.00</b>

<b>Chester Foundation</b>	<b>2005-06</b>	<b>Membership cultivation</b>	<b>\$5,000.00</b>
<b>Humane Society of the United States</b>	<b>2006</b>	<b>Katrina Animal Rescue &amp; Cruelty Case</b>	<b>\$17,874.00</b>

## GRANT PROPOSAL DETAILS

### Applicant Qualifications:

In the last complete fiscal year:

**3125** cats and **2529** dogs were handled (describe your animal program)

**HSVB&IRC is the only Humane Society and Shelter in Indian River County providing housing for lost, abandoned and abused animals. We have a contract with Indian River County, including all municipalities, to provide housing for stray animals. We take in all animals, both domestic and wild. "No animal is ever turned away." The adoption program provides opportunities to place these unwanted animals into loving, permanent homes. Pet behavior programs (training and help line) assist owners with pet problems to help ensure their animals can stay in their homes.**

**755** cats and **559** dogs were sterilized (describe your sterilization program)

**All animals adopted from us are sterilized. All animals who come to us for foster care are sterilized. Low income pet owners who foster their animals with us or those owners whose animals are returned to them after being lost can apply for financial assistance through an application program. On an average financial assistance is provided to about 300 people annually.**

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? %

If not all, how are animals selected for sterilization before adoption?

$$\begin{array}{r} 755 \\ - 559 \\ \hline 196 \end{array}$$

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

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:

**HSVB&IRC's programs include: adoption counseling for placement of Shelter companion animals; mandatory spay/neuter surgery for all cats, dogs and rabbits adopted from HSVB; "foster pet care" for pets of limited-income owners facing crisis; and humane education. Throughout our programs we have an opportunity to address the problem of pet overpopulation and encourage spay/neuter and adoption. Additionally, through our monthly program on Comcast TV cable network and other radio and TV spots, we are able to discuss the issue of pet overpopulation and how pet sterilization can impact that problem.**

**Dorothy Ritchey, Business Manager for 26 years, will continue to monitor this program. She oversees the application process and is assisted by volunteers.**

**Through the additional promotion and advertising, we will be able to promote the sterilization program to a wider audience. We will be able to handle the increased number of requests through our existing veterinarian network in the local community.**

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.): **Indian River County**

Total human population in target area: **128,594** (information available at [www.census.gov](http://www.census.gov)).

Percent of residents living below poverty in target area: **15%** ([www.census.gov](http://www.census.gov))

Estimated number of pet cats in target area (human population divided by 4.0): **32,149**

Estimated number of pet dogs in target area (human population divided by 4.8): **26,790**

Estimated number of feral cats in target area (human population divided by 6.0): **21,432**

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

Number of cats **3155** and dogs **2529** admitted to animal control shelters in the target area last year (if known)

Number of cats **2173** and dogs **1072** 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?

**Local veterinarians are aware of our financial assistance program for spay/neuter and will refer low income clients to us. Some have also agreed to provide low cost spays and neuters to those we refer to them. In particular the Florida Veterinary League advertises low cost spay/neuter. Because of the number of stray animals coming to us through Animal Control (because there is no animal control facility in Indian River County), more needs to be done through education and advertising to target low income communities who may not be aware of the need for spay/neuter to address the problem of pet overpopulation as well as the availability of financial assistance.**

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.

**We spend between \$5,000 and \$9,000 annually on sterilization assistance and serve from 200 to 400 people per year. Because our community is growing rapidly, we need to increase the level of activity in our program to help address the problem of pet overpopulation, especially cats.**

**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? **Low income status is based on government figures for the poverty level and extenuating circumstances (high medical bills, unemployment, etc.).**

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

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

Feral cat sterilization

Other:

**Objectives:**

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

**We would like to increase the number of families/individuals participating in our financial assistance program for spay/neuter by 160.**

**Methods:**

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

**Eligibility for the program will be determined by an application process that includes income level and extenuating circumstances necessitating financial assistance.**

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.

**Local veterinarians are aware of our financial assistance program for low income individuals or families. They refer applicants to us for evaluation. We review the application according to income level and circumstances, and if approved, award financial assistance according to our established scale. We have a working relationship with Darrell C. Horn, D.V.M., of the Florida Veterinary League as our lead veterinarian who will work with us on the low cost sterilization program. (Please see attached letter.)**

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 through public service announcements on radio and cable TV (Comcast); paid ads in the newspapers; flyers at veterinarian offices, libraries, public exhibits; and outreach programs to specific low income communities. Such venues would include community centers, civic association meetings, low income housing complexes, and other community events. We will monitor the requests for assistance noting where the applicant heard about the program (new promotional efforts) for the period of one year (10/1/06 to 9/30/07) to assess the success of this new effort.**

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

**We will use bi-lingual ads and flyers for bi-lingual communities and promotional materials for senior communities. We will also provide transportation, as necessary, in our animal transport van.**

**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	\$15	\$25	\$40
Range for Female Cats	\$20	\$35	\$55
Range for Male Dogs	\$20,30	\$35,45	\$55,75
Range for Female Dogs	\$20,35	\$45,55	\$65,90

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.

**Please note that we have worked out a fee schedule with the Florida Veterinary League, as noted above, which is also accepted by some other local veterinarians. There is a range for spays and neuters of dogs depending on weight.**

**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 **100** dogs **60**

Total budget requested: **\$6,000** Average cost/surgery projected: **\$40.00**

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
Cat neuters	\$25.00	50	\$1,250.00
Cat spays	\$35.00	50	\$1,750.00
Dog neuters	\$45.00	30	\$1,350.00
Dog spays	\$55.00	30	\$1,650.00

Describe any expenses that are not included in the grant and how they will be paid for:

**Other expenses include printing for flyers, etc., paid advertisements, and transportation costs. These expenses will be paid from the annual budget. Additionally, these funds may be covered by special donations.**

**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: **10/1/06** Projected end date: **9/30/07**

**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.

**In the future we will build the increased costs into our annual budget. We also have a medical fund that receives donations each year. In addition, our future plans include bringing sterilization in-house to our new surgery unit.**

**Promotion of Florida Animal Friend Spay/Neuter License Plate:**

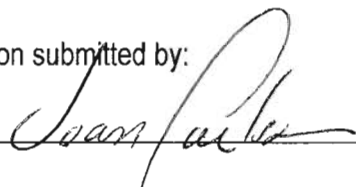
Applicants selected for funding are expected to publicize their grant in support of their spay/neuter program via press releases, newsletters, website links, etc. In addition, they are expected to promote the sales of license plates so that additional spay/neuter grants can be funded. Please describe your plan to promote the Florida Animal Friend Spay/Neuter License Plate.

**Promotion of the license plate will be done through our website, quarterly newsletter, special events, and outreach events in the local communities.**

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: \_\_\_\_\_

*May 29, 2006*

Name: **Joan Carlson**

Title: **Executive Director**