

2008 FLORIDA ANIMAL FRIEND GRANT APPLICATION

Application must be RECEIVED BY: April 1, 2008

APPLICANT INFORMATION

Entire application must be typed. 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**

Dates of Last Complete Fiscal Year: **01/01/2007 to 12/31/2007 (MM/DD/YY)**

Organization Income in Last Fiscal Year: **\$128,547.00**

Organization Expenses in Last Fiscal Year: **\$144,863.00**

Year(s) of previous Florida Animal Friend grants (if applicable): **2006**

Number of Paid Employees: Full-time: **1** Part-time: **3**

Number of Active Volunteers: **12** Total Volunteer Hours per Week: **14**

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
- Other _____

Organization Structure

- City, county, or tribal agency
- Private nonprofit agency
- Spay/neuter clinic
- Veterinary association
- Private veterinary clinic
- Community collaboration
- Other _____

Applicant Qualifications:

For your organization, In the last complete fiscal year:

370 cats and **740** dogs were admitted

71 cats and **227** dogs were adopted

401 cats and **432** dogs were sterilized

299 cats and **513** dogs were euthanized

Describe your animal programs:

As an open admission shelter, we accept all owned dogs and cats from the pet owners residing within our service area of Hendry and Glades counties, and adoptable dogs and cats from 3 local animal control agencies within our services area as well as a local dog and cat sanctuary. We actively promote our adoptable animals via the internet on our website, thru radio PSA's, newspaper ads and offsite adoption events. We provide free or low-cost spay / neuter services to the public at least 4 days per month. We provide resources to the public for health and training issues for which we cannot provide. We work closely with the City of LaBelle Animal Control, Glades County Animal Control and the Clewiston Animal Control who refer clients. In addition there are 3 Animal clinics within our service area that refer clients to our organization. With projected monies provided through your foundation, we will be offering free spays and neuters during specifically planned dates for cats. During " Cat season" we provide free cat spays with the release of a litter of kittens while discouraging them from giving away unaltered kittens.

If your program performs adoptions, are all animals sterilized before adoption? Yes No

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:

Our organization has 3 Veterinarians who perform the surgeries within our clinic during 4 or more prescheduled dates per month. In 2008, we plan to hold 1 to 3 more surgery days per month. Our staff consists of our shelter director with 12 years experience in humane society and animal control operations, 5.5 years experience in spay neuter clinic operations, and who is also trained as a veterinarian assistant. We also have 3 part-time employees trained by our shelter director and the veterinarians for pre-op, anesthesia and after-surgery care. We generally have at least 1 or 2 adult volunteers and 2 to 4 teenage volunteers who assist on surgery days. Our shelter supervisor has 18 years in customer service that she utilizes during the scheduling process to ensure our provided services are utilized to the fullest extent.

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 spay neuter clinic within our service area. We have recently been solicited by Highlands County residents and adoption shelters for services as

well. Adopted animals from Highlands, Glades and Hendry county Animal Control agencies and a Humane Society utilize our services on a regular basis. The Caloosa Humane Society lacks the funds to give financial aid to low-income families for their pets to be altered.

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.

The Caloosa Humane Society operates within 2 very low-income counties that are bordered by Highlands and Okeechobee counties and a portion of Collier county that is low-income as well. In 2005 we received \$5000.00 from the DJ&T Foundation to subsidize costs to alter dogs and cats which is now exhausted. We applied for and received \$4320.00 from the 2006 round of funds from Florida Animal Friends which was completed last year.

Calls from the public come in daily requesting financial assistance to get their cats spayed or neutered and to release unwanted litters of kittens which are brought to our shelter for adoptions every month.

Our goal in 2008 will be to hold one spay day per month geared towards cats. The over-population problem is out of control presently and we are planning to get it under control with our aggressive programs of spay / neuter. One such program is our 'Spays for kittens' campaign. This program consists of accepting litters of kittens in the form of payment for the mother cat to be spayed at no cost to the owner. The stipulation of this program is that the owner does not give any kittens away - all kittens born are to be released to the shelter for adoption.

GRANT PROPOSAL DETAILS

Title of Proposal: **Monthly spay / neuter cat days**

Total Amount of Funding Requested: \$ **10,000** Check payable to: **Caloosa Humane Society, Inc.**

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
City of LaBelle Animal Control	Rodeo Dr.	client referrals	
Clewiston Animal Control	n/a	client referrals	
Animal Rescue	client referrals		
Glades County Animal Control	n/a	client referrals	

Problem statement:

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.): **Hendry and Glades Counties, Florida**

Total human population in target area: **51689** (information available at www.census.gov)

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

Estimated number of pet cats in target area (human population divided by 3.3): **15663**

Estimated number of pet dogs in target area (human population divided by 4.0): **12922**

Estimated number of feral cats in target area (human population divided by 6.0): **8615**

Number of cats **946** and dogs **1489** admitted to animal control shelters in the target area last year (if known)

Number of cats **821** and dogs **1048** euthanized in animal control shelters in the target area last year (if known)

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

The numbers listed above are only a small portion of the animal population. Most residents do not utilize animal control services for fear of reprisal from neighbors or the animal control agency itself over their own pets not being vaccinated for Rabies. There are also many "Back-yard breeders" that are set up in rural settings unseen by local animal controls as well as the animals that are feral or un-owned running stray. I would surmise that the numbers are at the least double that reported by the animal control agencies.

Describe the specific target animal population of the spay/neuter project proposed for this grant:

Pets in low-income families: What qualifications will you use to determine low-income status? **Proof of government aid, social security benefit, unemployment benefit or any other pertinent information in regards to their financial situation.**

Special populations (e.g., pit bulls, underserved regions, unique events): **Pet cat populations housed outside and breeding indiscriminately.**

Feral cat sterilization

Other:

Objectives:

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

We plan to hold one additional surgery day per month dedicated to cats with the hopes that the extremely large number of euthanized cats will be cut in half by year's end. The additional hope will be the health benefits of cats being sterilized will increase the quality of life for cats owned by low-income families.

How does this program increase the number of sterilization surgeries above the existing baseline?

In 2007, we sterilized 401 cats. With the requested funds, we will increase that number to over 700 cats with these cats then being unable to add to the cat over-population endemic in our area. We would be offering to subsidize partially or wholly the cost of sterilization. Presently we are financially unable to support this program through traditional shelter operations largely due to a lagging economy and the increasing unemployment rate in our area.

Methods:

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

As in the past, we have asked for proof of income or lack there of, unemployment benefits, social security benefits or any other pertinent information regarding the financial situation of the household. We will also take into consideration the number of pets owned and the lack of regular veterinarian care provided by the owner.

How will you advertise the program? Explain how the advertising will reach the target audience. Attach promotion materials if available.

Local newspapers provide organizations with small free write-ups called "almanacs" that we will utilize. We will also provide monthly PSA's on a local radio program. Monthly flyers will be placed in the 3 area Chamber of Commerce newsletters and auto-response e-mails will be sent to anyone e-mailing the shelter. We have posted a monthly calendar at our shelter listing upcoming events for patrons and a monthly calendar of events is posted on our website hosted by Petfinder.com. Monthly

mailers are sent out to our mailing list of over 800 donors, adopters, clinic clients and members, listing upcoming events as well.

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

Local animal control officers have offered transportation from their service areas to the shelter for clients and we also will house client pets for up to 2 days before and/or after to further assist with clients' transportation issues. Surgical release papers will be read to clients unable to read themselves and we have at least one employee that can speak to Spanish speaking clients. Our staff is well-versed in how to over-come cultural hurdles in pet ownership where it differs from that of other countries. The health benefits of altering pets is explained at length.

Does this project involve the transportation of animals by someone other than the client? If so, describe the vehicles, methods for confinement, personnel training, liability releases used to assure the safety of the animals and handlers.

The transportation of clients pets has been seldom, however, it has always been done by Animal Control Officers by the request of the client. The client and officer are put in touch with each other to work out the trip and the surgery release form is filled out by the client at their home. The vehicles used are animal control trucks by trained officers. Each animal would be confined within a cage separate from any other animal.

Veterinary Services:

What arrangements have you made with veterinarians to perform the surgeries?

Currently we have secured the services of 3 highly qualified veterinarians licensed in the State of Florida to practice veterinarian medicine. One veterinarian has offered his services at no charge to the shelter, the remaining 2 are paid. Pay rate is one half of the surgery cost of each animal they spay or neuter. All surgeries are completed in our clinic within our shelter.

Please attach a collaboration letter from the lead veterinarian, practice, or association that will provide spay/neuter services. The letter should include a statement describing the fee schedule to be followed and whether the veterinarian(s) are on your staff, on contract, in a spay/neuter clinic, or in private practice. Please list all of the participating veterinarians or veterinary practices below, including address, phone number, and premise permit number (available at www.myfloridalicense.com).

Name	Address	Phone
<u>Elton Gissendanner, DVM</u>	<u>3029 Placid View Dr., Lake Placid, FL 33852</u>	<u>863-465-5296</u>
<u>James Drawdy, DVM</u>	<u>15451 Kippford Ct., Miami Lakes, FL 33014</u>	<u>305-217-1765</u>
<u>Victor Brown, DVM</u>	<u>5573-A Golden Gat Parkway, Naples, FL 34116-7512</u>	<u>239-823-9586</u>
<u>Caloosa Humane Society</u>	<u>1200 Pratt Blvd., PO 2337, LaBelle</u>	<u>Permit License VE3318</u>

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

	Amount Paid by Client	Amount Paid by Project	Total Amount
Range for Male Cats	\$ 10	\$ 30	\$ 40
Range for Female Cats	\$ 10	\$ 30	\$ 40
Range for Male Dogs	\$ 50	\$	\$
Range for Female Dogs	\$ 55	\$	\$

Please check each item below to indicate whether additional services are required at the time of surgery and whether the client is required to pay for them.

	Included in Cost	Not Offered	Optional	Required	Amt. Paid by Client
Examination	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Vaccination	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 15
Pain Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Parasite Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Licensing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Ear tipping	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

If necessary, please explain the procedures and fees described above:

Vaccinations are offered with only Rabies required. Client pays \$5.00 for basic vaccination and \$10.00 for Rabies vaccination.

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.

Since 2004, our shelter has operated it's low-cost spay neuter clinic with each surgery date filled to capacity. The owners of pets utilizing these services have become return clients themselves as well as referring clients. Our intake procedure includes examining the household make-up, discovering animal related problems and helping with solutions, often times involving the altering of numerous pets. The goal is less animals being released into shelters or becoming strays only to add to the pet over-population issue.

In 2007, we started the 'Spays for kittens campaign'. This highly successful program not only stopped the kittens from having unwanted litters in the future, it immediately stopped 26 female cats from ever producing again. All of the kittens released as payment were adopted from our shelter or transferred to other county humane societies and adopted from there. We will hold this program during 'kitten season' every year. We have shared our successful program with area shelters in the hopes that they too will begin the same program with like results.

Budget:

Total number of sterilization surgeries projected: cats **350** dogs

Total budget requested: \$ 10000 Average cost/surgery projected: \$ 20-40

Budget should not exceed \$20,000.

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

Expenses related to this project but not included in the grant are the purchase of supplies for the surgical unit and payroll for the employees. Supplies and payroll will come out of our regular spay neuter budget and from the general operating budget.

We have instituted additional fundraising events specifically organized to fund the spay neuter clinic. These events include a monthly Dog Wash at the shelter itself (where it is also possible to educate some patrons on the benefits of spay/neuter while they are there), and quarterly yard sales (begun in 2007) housed at a local business which have become extremely popular. We are also pleased that our volunteer Board of Directors has increased over the past year and is comprised of enthusiastic individuals full of viable ideas for fundraising and the drive to implement them.

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. Funding for accepted projects will be available after August 1, 2008.

Projected start date: **09/01/2008** Projected end date: **09/01/2009** (MM/DD/YY)

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.

With the success of our 'Spays for kittens' campaign and the planned cat spay days, the PR should be wide reaching in the communities targeted resulting in donations ear-marked for this program. The Dog Wash and quarterly Yard Sale events, sometimes hosting photographers for pets, should create a following to further boost the budget by years end. Radio PSA's and newspaper articles announcing the specified dates for these spay neuter events will also assist in raising the awareness of the problem and solutions, resulting in increased donations. Starting in 2008, we also plan to begin to participate (have a booth/table) at a CFA sponsored Cat Show that is held each summer at the Lee County Civic Center and that should provide us with a lot of exposure since the audience is truly comprised of "cat people". In addition, we continue to add to our mailing list by paying particular attention to adding the names of adopters and donors.

Evaluation:

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

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.

We plan to feature the grant on our petfinder.com website as well as place it on our auto-responses to all e-mails. The local newspapers will complete success stories of the grants recipients, further advertising its great need and how the purchase of the license plates resulted in the grant's success. All mailings from our organization will advertise the plate, the web address to Florida Animal Friends along with the local office to renew plates. Flyers with the planned program dates will include information on the Florida Animal Friend Spay/Neuter License Plate and will be available at the shelter and distributed to all shelter clients.

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, state and national ordinances and laws.

Application submitted by:

Signed:  Date: **03/28/08** (MM/DD/YY)

Name: **Swea Nightingale** Title: **Treasurer**

CHECKLIST OF ATTACHMENTS AND SUBMISSION INSTRUCTIONS

Organize the completed applications in the following order and complete checklist.

	Nonprofit Agencies	Municipal Agencies
1	Grant application	Grant application
2	Checklist	Checklist
3	Veterinary collaboration letter(s)	Veterinary collaboration letter(s)
4	Current fiscal year agency budget	Current fiscal year agency budget
5	Roster of board of directors	Letter of support from director
6	IRS 501(c)3 determination letter	Media coverage, brochures, PSAs, etc.
7	FL DOACS registration certificate	
8	IRS 990 or 990 EZ	
9	Media coverage, brochures, PSAs, etc.	

For all applicants:

- Completed grant application (hard copies and electronic copy)
- 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).

For private nonprofit agencies:

- 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.
- IRS Tax Exempt #**65-0759567** (attach determination letter)
- FL Dept of Agriculture & Consumer Affairs Registration # **CH-CH12816** (attach)
- Most recent IRS Form 990 (pages 1-4 & signature page) or 990EZ (page 1-2 & signature page).

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, 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.

Applications must be **received by** the due date of **April 1, 2008** 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 hard 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. Please also email 1 copy of the application (signatures and attachments not required) to the address below.

Send 1 original and 4 hard copies of application or grant submission inquiries to: Florida Animal Friend, Inc., c/o Lois Kostroski, 13153 North Dale Mabry, Suite 105, Tampa, FL 33618, 866-303-3222, info@floridanimalfriend.org.

Send 1 electronic copy or content inquiries to: Julie Levy, levyj@vetmed.ufl.edu, (352) 392-2226 ext 5717