

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: Clay County Humane Society, Inc.

Person Submitting Proposal: Linda Welzant Title: Executive Director

Organization Address: 2230 Filmore Street

City, State, Zip Code: Orange Park, FL 32065

Website Address: www.clayhumane.org

Phone number: (904)276-7729 Fax Number: (904)276-4236

Cell Number: (904)626-1267 Email Address: l_welzant@clayhumane.org

Dates of Last Complete Fiscal Year: 01/01/07 to 12/31/07 (MM/DD/YY)

Organization Income in Last Fiscal Year: \$1,297,258.48

Organization Expenses in Last Fiscal Year: \$1,291,349.95

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

Number of Paid Employees: Full-time: 20 Part-time: 3

Number of Active Volunteers: 75 Total Volunteer Hours per Week: 15

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:

cats and dogs were admitted

cats and dogs were adopted

2036 cats and 1770 dogs were sterilized

cats and dogs were euthanized

Describe your animal programs:

In an effort to reduce the number of animals euthanized each day in our shelters and those suffering without vital veterinary care, the Society opened the first and only low cost clinic in North Florida in 1991. Our comprehensive approach to the pet overpopulation problem includes reduced prices for sterilizations and veterinary care, an indigent program for those unable to afford even discounted costs and a far-reaching humane education program. Through educational efforts the Society emphasizes the importance of responsible pet ownership to foster a more humane attitude in the mostly rural community. Subsequently, a substantial population growth in our area has reaffirmed the need for our continued efforts.

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? %

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:

Attached

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

Private veterinary clinics that can be unaffordable to low income families, local spay and neuter voucher programs in which the cost to the owner is usually more than we charge and an extraordinary influx in population without a significant increase in the local animal control's budget.

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.

For 30 years, the Clay County Humane Society has been on the frontline battling the pet overpopulation problem and serving the animals and people of the community. The clinic is mostly self-sustaining and may do up to 100 surgeries per week. A portion of the spay and neuter surgeries are for our indigent clients, those in dire need of assistance. The Society performs as many of the indigent spays and neuters as the budget allows. To carry out these programs, the Society relies on grants, private donations and fundraising efforts. A lagging economy and a decline of charitable donations result in the suffering of these vital programs.

GRANT PROPOSAL DETAILS

Title of Proposal: Indigent Sterilization Campaign

Total Amount of Funding Requested: \$ 18,562 Check payable to: Clay County 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.): **Northeast Florida Counties (to include Clay, Duval, Baker, Putnam, Nassau and St. John's County)**

Total human population in target area: **963000** (information available at www.census.gov)

Percent of residents living below poverty in target area: **9** (www.census.gov)

Estimated number of pet cats in target area (human population divided by 3.3): **291818**

Estimated number of pet dogs in target area (human population divided by 4.0): **240750**

Estimated number of feral cats in target area (human population divided by 6.0): **160500**

Number of cats and dogs **8944** admitted to animal control shelters in the target area last year (if known)

Number of cats and dogs **6542** 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.

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? The indigent program targets the disabled and elderly, but includes all households with limited incomes who demonstrate ability to provide stable and responsible pet ownership. They must complete an indigent application and submit necessary supporting financial documents.

Special populations (e.g., pit bulls, underserved regions, unique events): Four yearly "Spay Days," free sterilization and rabies vaccinations for Safe Animal Shelter cat population, discounted/free sterilization for approved local rescue organizations and service dog programs.

Feral cat sterilization

Other:

Objectives:

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

Although North Florida is growing rapidly, it is still composed of many outlying rural areas. In these particular areas, roaming unsterilized animals are adding to the pet overpopulation problem. Large parts of this population do consider their pet's care a priority but do not possess the necessary financial means. Funds would be used to focus on these populations as well as to continue our current efforts for the elderly and disabled. Funding would provide us with enough materials to perform 425 sterilizations over the next year at no cost to the client.

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

Funding will support the Society's spay and neuter efforts and will allow for a significant increase in the number of free sterilization performed. Through added "spay days" and extended surgery hours, the Society can expand the indigent program beyond the budgeted amount.

Methods:

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

Free sterilizations and vaccinations are reserved primarily for those receiving government assistance or those with severely limited incomes. Discounted (beyond the already reduced rate) sterilizations and vaccinations are available to anyone with limited financial resources as identified through an application process. Applicants must include and have all household pets sterilized and should be capable of providing a suitable home for the animal.

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

Besides an established client base that promotes our services through "word of mouth," other veterinary clinics will refer individuals to the Society who cannot afford their prices. The Society fills a

"niche." Organizations such as churches, food banks and the local animal control also serve as a referral service. We publish an educational newsletter with a distribution of 12,000 , hold community fundraisers and information booths at local events and visit local schools, hospitals and civic organizations regularly.

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

Our staff is hand selected for their compassion for animals and people alike. Each staff member shares a vision for a more humane world that can only be achieved through education and understanding. We strive to provide quality service and have not yet found the limits to our abilities as a team with a common objective. The staff goes above and beyond, volunteering their personal time and going that extra mile to help a client or animal.

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.

n/a

Veterinary Services:

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

The Society employs two full-time staff veterinarians and four relief veterinarians. The clinic is open six days a week doing surgeries five of those days.

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>Dr. C. Broadhurst VE3419</u>	<u>Clay County Humane , 2230 Filmore St., Orange Park, FL</u>	<u>276-7729</u>
<u>Dr. S. Skorge VE3419</u>	<u>Clay County Humane , 2230 Filmore St., Orange Park, FL</u>	<u>276-7729</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	\$ 0	\$ 35	\$ 35
Range for Female Cats	\$ 0	\$ 40	\$ 40
Range for Male Dogs	\$ 0	\$ 50	\$ 50
Range for Female Dogs	\$ 0	\$ 55	\$ 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 checked="" type="checkbox"/>	\$ 0
Vaccination	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0
Pain Medication	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0
Parasite Medication	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$
Testing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 0
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:

Costs associated with parasite medication and testing varies for different medications and tests.

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

This is not a voucher program.

Other Information:

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

A grant will allow an expansion of the indigent program. It will significantly increase the number of sterilizations we can perform.

Budget:

Total number of sterilization surgeries projected: cats 300 dogs 125

Total budget requested: \$ 18562 Average cost/surgery projected: \$ 45

Budget should not exceed \$20,000.

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

Rabies vaccinations are required by law and are included in our indigent care program with each sterilization. The Society kindly receives dicounted rabies vaccines through one of our

distributors which helps alleviate the financial stress. Through clinic revenues, fundraising and donations we are able to offset this cost.

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: 10/01/08 Projected end date: 09/30/09 (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.

The clinic will continue to offer reduced rates to the public as well as maintain the indigent program. However, funding for the indigent care is dependent on the Society's financial well-being which will affect the number of free sterilizations that may be performed. Costs will be offset by private contributions, fundraising and clinic revenue.

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.

The Society currently has a link on our website to Florida Animal Friend. We will again have an article in our newsletter and the local newspaper. We hope to further promote awareness through an upcoming 10 day county fair distributing handouts at our education booth and year round in our clinic lobby.

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: Linda Welzant Title: Executive Director

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 #85-8012560241C-6 (attach determination letter)
- FL Dept of Agriculture & Consumer Affairs Registration # CH-1174 (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