

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: Hardee County BOCC-Animal Control Department

Person Submitting Proposal: Lorie Ayers Title: Grants Coordinator

Organization Address: 412 W Orange St, Rm 201

City, State, Zip Code: Wauchula, FL 33873

Website Address: www.hardeecounty.net

Phone number: 863-773-6349 Fax Number: 863-773-5801

Cell Number: Email Address: lorie.ayers@hardeecounty.net

Dates of Last Complete Fiscal Year: 10/01/06 to 09/30/07 (MM/DD/YY)

Organization Income in Last Fiscal Year: \$166,646

Organization Expenses in Last Fiscal Year: \$166,646

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

Number of Paid Employees: Full-time: 4 Part-time: 0

Number of Active Volunteers: 0 Total Volunteer Hours per Week: 0

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:

493 cats and 710 dogs were admitted

20 cats and 204 dogs were adopted

17 cats and 198 dogs were sterilized

428 cats and 437 dogs were euthanized

Describe your animal programs:

Currently, animals are either brought into Animal Control by residents, or picked up by Field Services as a result of a complaint call, animal found sick, found abandoned, or surrendered by owner. The Animal Control Officers also respond to calls received through the Sheriff's Office, and assist on calls with the three city municipalities. All animals are then evaluated by a local veterinarian to determine ownership and health status. All animals deemed adoptable will be available for adoption for a certain period of time.

We have just began a foster program. It is in it's infancy, although a success thus far. We anticipate continued success and a growing interest in foster families to assist our cause of reducing the rate of euthanasia and find homes for all our orphaned animals.

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? 5 %

If not all, how are animals selected for sterilization before adoption? Age of animal determines whether sterilized prior to adoption. If animal is too young for sterilization, a voucher is given to have sterilization performed after animal reaches eight weeks of age.

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

The adopter pays the sterilization fee at the time of adoption no matter what age the animal is. If voucher is not returned to the facility by one of the local veterinarians, a certified letter is sent to adopter reminding them of the adoption agreement. If no compliance, they will not be permitted to participate in future adoptions.

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:

We have never participated in a feral cat program, although feel certain this program will be extremely successful in our County. Our feral cat population is and has always been problematic due the dense wilderness of our County, the seasonal migrant population, and number of agricultural barns and pastures. Our Trap, Sterilize and Release of feral cats program we are proposing will be strictly monitored by the current staff which consists of two Animal Control Officers, Animal Control Director, Executive Assistant and Grants Coordinator. Record keeping is a daily task of the Executive Assistant and report preparation is a task of the Grants Coordinator, who also administers many other state and federally funded grant opportunities awarded to our county in many different departments.

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

We currently have one veterinary office which has partnered with another agency to provide low-cost sterilizations at \$25 per animal. This partnership was inspired by our Animal Friend PAWS program awarded in 2006. These services are sufficient for pets with owners, although our feral cat population is still a major problem, due to not having a known owner.

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.

Currently our program is only for animals being adopted from our shelter. We have several inquiries from county residents about information on a low-cost sterilization program. We are now able to refer residents to the local veterinarian offering this service. Our current funding does not address the feral cat population over-growth. We are hopeful with your assistance our feral cat population will be manageable, and will eventually diminish feral colonies within Hardee County.

GRANT PROPOSAL DETAILS

Title of Proposal: Freedom for Ferals

Total Amount of Funding Requested: \$ 15,030 Check payable to: Hardee County Board of County Commissioners

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
Hardee Animal Clinic	1927 US Hwy 17 North, Wauchula, FL 33873_ _____		Veterinary Services & Referrals
Pet Care Center	_____915 North 6th Avenue Wauchula, FL 33873_	ww.888PETVET.com	Veterinary Services & Referrals
All Creatures Animal Hospital	330 Hanchey Road Wauchula, FL 33873_ _____		Veterinary Services & 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.): Hardee County Florida

Total human population in target area: 28621 (information available at www.census.gov)

Percent of residents living below poverty in target area: 25 (www.census.gov)

Estimated number of pet cats in target area (human population divided by 3.3): 8673

Estimated number of pet dogs in target area (human population divided by 4.0): 7155

Estimated number of feral cats in target area (human population divided by 6.0): 4770

Number of cats 493 and dogs 710 admitted to animal control shelters in the target area last year (if known)

Number of cats 428 and dogs 437 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.

Feral cats are higher due to hurricanes, migrant moving, dense forests.

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?
- Special populations (e.g., pit bulls, underserved regions, unique events):
- Feral cat sterilization
- Other:

Objectives:

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

Reduce euthanasia rate of feral cats, assist in sterilizing, vaccinating and ear tipping of feral cats. We are also attempting to control the number of feral cat population within our county.

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

Currently there are not and never have had any programs which address the feral cat problems of our County. The only program offered in our County is for pets with owners.

Methods:

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

Cats which have no ownership and are deemed unadoptable due to behavior issues such as non-social, untamed, wild unlike domestic cats.

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

Local newspaper, flyers/brochures to local veterinary offices, community organizations, Sheriff's Office, local radio station advertising, and mass emails to local businesses, churches, schools, etc.

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

In our county, language is the ultimate barrier. As many residents of our County only speak Spanish, we are prepared to provide literature in both Spanish and English to educate the public about our program and the problem we are facing with feral cats.

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 project will be performed by trained Animal Control Officers within our local government. The cats will be confined to an approved Humane trap contained within the specialized animal control vehicle. They will be transported to the veterinarian for sterilization and transported back to the original location for release to their own habitat after recuperation from surgery.

Veterinary Services:

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

We have contacted the three veterinarians in our County. One has agreed to offer his services for sterilization and vaccination for the Feral Cat Trap and Release program we have proposed. The other veterinarians have participated in the past with sterilization programs and anticipate their cooperation as well. We have also asked all three for referrals of any calls they receive from residents about any feral cat population problems.

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
Hardee Animal Clinic	1927 US Hwy 17 North, Wauchula, FL 33873	(863)773-2424

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	\$ 40	\$ 40
Range for Female Cats	\$ 0	\$ 45	\$ 45
Range for Male Dogs	\$ 0	\$ 0	\$ 0
Range for Female Dogs	\$ 0	\$ 0	\$ 0

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"/>	\$ 0
Vaccination	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0
Pain Medication	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0
Parasite Medication	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0
Testing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0
Licensing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0
Ear tipping	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0
Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0

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

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

As feral cats have no known owners, Animal Control Officers will deliver cats directly to veterinarian's office, so vouchers will not be issued.

Other Information:

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

Our proposal is to control the feral cat populations in our county. We anticipate that we will achieve our goal by developing a Trap and Release program. This program will enable us to sterilize inhabitants of colonies of feral cats and calculate a more accurate count of the feral cat population.

Budget:

Total number of sterilization surgeries projected: cats 352 dogs 0

Total budget requested: \$ 15030 Average cost/surgery projected: \$ 43

Budget should not exceed \$20,000.

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

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: 08/30/09 (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.

Future funding ideas are fund-raisers, donations, partnering with other organizations providing low-cost sterilizations, funding from Board of County Commissioners for balance.

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 Animal Friend license plate is currently advertised on our Hardee County Animal Control website, in addition to the Hardee County Tax Collector's website listing of speciality plates. Animal Friend flyers are available at the Hardee County Animal Control Department as well as other county offices, for information to our residents. We will continue to promote your license plates within all advertising including radio spots and newspaper ads and on website in regard to the Feral Cat Sterilization Program regardless of award decision. We are very committed to educating our residents about responsible pet ownership and the significant strain these problems have on our community.

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: 03/20/08 (MM/DD/YY)

Name: Dale Johnson Title: Chairman, Hardee County Board of County Commissioners

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 # (attach determination letter)
- FL Dept of Agriculture & Consumer Affairs Registration # CH- (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