

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: Sarasota in Defense of Animals, Inc.

Person Submitting Proposal: Elise M. Matthes Title: President

Organization Address: PO Box 15653

City, State, Zip Code: Sarasota, FL 34277-1653

Website Address: sdasarasota.com

Phone number: 941-924-2505 Fax Number: 941-925-8388 \*51

Cell Number: 941-315-0149 Email Address: smatthes@aol.com

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

Organization Income in Last Fiscal Year: \$179,432

Organization Expenses in Last Fiscal Year: \$171,571

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

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

Number of Active Volunteers: 45 Total Volunteer Hours per Week: 80

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:

75 cats and 30 dogs were admitted

52 cats and 21 dogs were adopted

672 cats and 12 dogs were sterilized

12 cats and 3 dogs were euthanized

Describe your animal programs:

SDA has a 10 acre sanctuary with 300 rescued animals, horses, goats, ducks, geese, dogs, cats, birds and rabbits. We have an adoption program to adopt out county pound dogs and cats, a foster care program and a spay neuter program.

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?

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:

SDA has held a spay/neuter clinic for feral, unowned and free-roaming cats for the past 2 years. We have 24 highly trained and skilled volunteers conducting the clinic once per month, plus 3 paid veterinarians performing surgeries.

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

There is one other clinic program similar to SDA's program. That program does not sterilize unowned, free-roaming or feral cats from other counties - limits services to Sarasota. SDA sterilizes cats from Manatee, DeSoto, Hillsborough, Charlotte and Sarasota County. There are thousands of free-roaming, unowned and feral cats in these areas. SDA sterilizes unowned free-roaming cats as well as ferals. The other clinic limits services to ferals only.

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.

SDA pays \$1,000 for the use of an established professional veterinary clinic once each month (including 3 vets plus meds) to sterilize up to 75 cats. We currently have \$3,000 left from our fundraising which will only be adequate for 3 more clinics. We will continue to solicit additional grants and donations, and intend to continue this popular and effective program.

GRANT PROPOSAL DETAILS

Title of Proposal: Sarasota in Defense of Animals, Inc. Spay/Neuter Program for the Sterilization of Feral, Unowned and Free-roaming Cats

Total Amount of Funding Requested: \$ 12,000 Check payable to: Sarasota in Defense of Animals, 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
None _____			
_____			
_____			
_____			

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.): Counties: Sarasota, DeSoto, Charlotte, Manatee and a few from Hillsborough

Total human population in target area: 370,000\* (information available at www.census.gov)

Percent of residents living below poverty in target area: 7 (www.census.gov)

Estimated number of pet cats in target area (human population divided by 3.3): 112121

Estimated number of pet dogs in target area (human population divided by 4.0): 92500

Estimated number of feral cats in target area (human population divided by 6.0): 61667

Number of cats 1494 and dogs 1575 admitted to animal control shelters in the target area last year (if known)

Number of cats 917 and dogs 342 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.

\*Population figures above are for Sarasota County only. A majority of the cats that come to our clinic are from Sarasota County. However, we do provide services to a small percentage of cats coming in from other counties as specified in this request. The animal control shelter figures are also for Sarasota County Animal Control only. Over the past 10 years the number of animals received

and animals euthanized have decreased although the human population has increased . As an example, in 1997, 4,050 animals were received versus 3,069 in 2007. Animals euthanized went from 1,753 in 1997 to 1,259 in 2007. Continuation of our Spay/Neuter Program should result in further reduction of these figures.

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: Unowned free roaming cat sterilization

Objectives:

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

Continue to conduct clinics once per month with each \$1,000 of this grant.

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

We can sterilize an average of 60 more cats per month in the program.

Methods:

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

Cats must be unowned, free-roaming or feral and have a care-giver (TNR).

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

Since this program has been established for the past 2 years it is now very well known in the community. It is included on our website (sdasarasota.com) and advertised by periodic flyers (sample attached) and fund raising events. We have found that there are far more clients that have cats readily available for surgery under this program than available funding can accommodate.

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

The public is eager to utilize the program and our volunteers are well aware and trained to handle any personal situations that may be encountered.

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.

Yes, SDA has an equipped vehicle and trained volunteers who trap, bring the cats to the clinic for sterilization, return the cats to the care-giver etc. under TNR program. We use liability forms for anesthesia. For safety our trapper handlers have professional gloves, traps and have had rabies vaccine.

Veterinary Services:

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

A licensed veterinarian, in private practice, owns the clinic where surgeries are performed. He has been doing the surgeries for the past 2 years and has agreed to continue surgeries under this program.

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](http://www.myfloridalicense.com)).

Name	Address	Phone
Martin A. Neher, DVM	8467 South Tamiami Trail, Sarasota, FL. 34238	941-925-7000
_____		
_____		
_____		

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	\$ 18	\$ 18
Range for Female Cats	\$ 0	\$ 18	\$ 18
Range for Male Dogs	\$	\$	\$
Range for Female Dogs	\$	\$	\$

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 checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 0
Parasite Medication	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 0
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 checked="" 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:

There are no fees to clients.

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.

This is an ongoing program. SDA has proven it can establish and operate a cat sterilization program.

**Budget:**

Total number of sterilization surgeries projected: cats 650 dogs 0

Total budget requested: \$ 12000 Average cost/surgery projected: \$ 18

Budget should not exceed \$20,000.

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

Transportation, safety equipment, traps, flea and tick control products, etc, are paid by donations to SDA. If cat has injuries, hernia, or other health issues the cat is treated (surgery, antibiotic, etc) and SDA pays for cost with 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. Funding for accepted projects will be available after August 1, 2008.

Projected start date: 09/01/08    Projected end date: 09/01/09 (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.

We consider this program to be vital to reducing the number of feral cats in our community. Our board has directed that available funds be set aside to support this program and that we continue to work towards obtaining additional required funds. As an example, SDA had a "Cat-Walk" last year and raised over \$3,000. We intend to make this a yearly fund raising event. We also had 2 sponsors who donated for 2 clinics.

**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.

Promotion is by our website, flyers, and news releases. We have also contacted our Tax Collectors Office in an attempt to help clients choose the Animal Friend license plate.

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: 02/01/08 (MM/DD/YY)

Name: Elise M. Matthes Title:            President

## 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 #65-0124076 (attach determination letter)
- FL Dept of Agriculture & Consumer Affairs Registration # CH-7264 (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](mailto:info@floridanimalfriend.org).

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