

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: Suwannee County Animal Control Governing Board, Inc.

Person Submitting Proposal: Janis Hunter Title: Director

Organization Address: 11150 144th Street

City, State, Zip Code: McAlpin, Florida 32062

Website Address:

Phone number: 3862080072 Fax Number: 3862080799

Cell Number: 3862085348 Email Address: suwanneecountyanimalshelter@yahoo.com

Dates of Last Complete Fiscal Year: October 1, 2006 to September 30, 2007 (MM/DD/YY)

Organization Income in Last Fiscal Year: \$41,422.00

Organization Expenses in Last Fiscal Year: \$22,844.00

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

Number of Paid Employees: Full-time: 2 Part-time: 1 all officers are employed and paid by the Suwannee County Sheriff's Office - There are 2 full time and 1 part-time employees.

Number of Active Volunteers: 10 Total Volunteer Hours per Week: 50

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:

600 cats and 402 dogs were admitted

200 cats and 115 dogs were adopted

10 cats and 20 dogs were sterilized

346 cats and 237 dogs were euthanized

Describe your animal programs:

Until we received a Grant in May, 2007 we did not sterilize all animals that were adopted out at the shelter. Until that time the people who adopted an animal had to sign an affidavit stating that they would take their animal to be spayed/neutered. We have added to our funds by raising money through various fundraisers and through the generous donations from concerned citizens and businesses.

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:

We are a county animal control agency and are the sole provider, other than Live Oak City, for anything animal related. Janis Hunter, our director, has been working with animals throughout Florida for approximately 16 years. Her assistant, Joe Brown, has been working under her supervision for approximately 6 years. They, along with several volunteers, are members of DART (Disaster Animal Response Team). We work through the Sheriff's Office and are responsible for all calls concerning animals including stray dogs, bite cases, animal cruelty or neglect and nuisance animals. We are an unlimited facility and are obligated to take in stray animals when the public brings them to us. We do not take owned animals but make every effort to help their owners find them homes. Our foster home program has been very successful in saving at-risk animals such as puppies and mistreated animals. Our organization has several fundraisers every year at which we endeavor to educate the public about how to take care of and nurture their pets. We are currently in the process of enlarging our shelter to hold twice as many animals and work should begin on that in the next couple of months.

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

Until recently North Florida Paws was the only organization that offered low cost spay/neuter services in our area. They have moved out of the county to Jasper, Florida and it is a long way for people to drive in order to get their pets spayed or neutered. We hope to be able to take over where they left off and offer low cost spay/neutering through our voucher program.

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 only funding we have now is for spay/neutering of all animals adopted out of the shelter. This has been funded with donations from local businesses and fundraisers and a small Grant from PetSmart Charities. We only receive a small amount of money from the county and it is not enough to run the shelter and spay/neuter also.

GRANT PROPOSAL DETAILS

Title of Proposal: Suwannee County Spay/Neuter Program

Total Amount of Funding Requested: \$ 20,000.00 Check payable to: Suwannee County Animal Control

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.): Suwannee County, Florida

Total human population in target area: 34,844 (information available at www.census.gov)

Percent of residents living below poverty in target area: 19 (www.census.gov)

Estimated number of pet cats in target area (human population divided by 3.3): 10559

Estimated number of pet dogs in target area (human population divided by 4.0): 8711

Estimated number of feral cats in target area (human population divided by 6.0): 5807

Number of cats 600 and dogs 402 admitted to animal control shelters in the target area last year (if known)

Number of cats 346 and dogs 237 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.

Ours is a rural community and until 2002 there was no animal control in the county. We have grown from a shed surrounded by an insufficient fence to a shelter that has 20 animals runs and a special area for felines. After we have completed the planned expansion we will have double the capacity for canines and a larger cat room. We feel that through our hard work and educating the public we have begun to make a difference and hope to be able to cut the over-population by offering spay/neutering at an in-house clinic in the future.

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 income and/or proof of public assistance such as Medicaid, SSI or Food stamps
- 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)?

To spay or neuter as many low-income pets as the fund will allow. We feel that this will help cut down on the animal population that is running the streets of Suwannee County and make Suwannee County a better county for not only the animals to live in but the low-income residents that it will affect.

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

It will enable those residents that otherwise would not be able to spay/neuter their animals to act responsibly and have the surgery performed. We plan to further educate the public about the benefits of spay/neutering by advertising in the local news media such as newspapers and Television.

Methods:

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

Residents will need to show proof of income or proof of public assistance in order to be considered.

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

We have already been advertising our shelter in not only the Tallahassee Television Stations but also in Gainesville. Local radio stations in both Suwannee County and Columbia County have also been helpful in advertising our program and helping with our fundraisers. We recently set up tables at Winn-Dixie and Walmarts where we sold merchandise and handed out pamphlets regarding our shelter and what services we provide. In November we had an Animal Expo that helped us to educate people about treatment of their animals. We stress spay/neuter at all of these events and our motto that appears over the door at the shelter is "Spay/neuter - The Key to Success."

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

Suwannee County is a rural county and most everyone has transportation. Should it be a problem our staff at the shelter will assist them in any way that they can. Since we only have two (2) Animal Control Officers (They are employed by the Sheriff's Office) and a part-time office employee (she's also employed by the Sheriff's Office) we have to rely on the animal owners or our volunteers to see that the services are performed.

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.

If the owner is unable to transport their pet we would make arrangements for our Animal Control Officers or a volunteer that is trained to handle animals to transport them so that there would be no issue with risk, injury or accident.

Veterinary Services:

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

We currently have letters from 7 Vets that are working with us. They are all in private practices and clinics and are located not only in Suwannee County but also neighboring counties in order to serve the public better. When a vet is chosen it is usually because of their location and how convenient it is for the recipient.

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
Addison Animal Hospital #VE1819	_____ Lake City, FL	386-752-7200 _____
Live Oak Animal Clinic #VM2978	11786 Bass Road, Live Oak, FL	386-362-2614
_____ All Springs Veterinary Hospital #VE3204	12229 CR 137 , Wellborn, FL	386-963-2411
Companion Animal Hospital #VE3360	605 N Houston Avenue, Live Oak	386-362-1571
Houston Veterinary Clinic #VE1715	P O Box 1526, Jasper, FL	904-792-3134
Suwannee Oaks Animal Clinic #VE976	25670 SR 247, O'Brien, FL	386-935-2112
Mayo Town & Country Animal Hospital	VE 2804 974 E. Main St, Mayo, FL	386-294-5000

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	\$ 30	\$ 15	\$ 45
Range for Female Cats	\$ 30	\$ 45	\$ 75
Range for Male Dogs	\$ 30	\$ 50	\$ 80
Range for Female Dogs	\$ 30	\$ 70	\$ 100

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

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

everyone participating will be required to have their pet current on rabies vaccination. If they do not have them vaccinated it will be their responsibility to pay the vet for these services.

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

This will be a voucher program. Participants will have to have proof that they are low-income or on an assistance program. They will be given a questionnaire to fill out. After we receive the questionnaire back, approve the participant and receive the co-payment we will set up an appointment with the vet. It is up to them to get their pet to the vet on time or make other arrangements if they are unable to do so. The vet will send us a bill after surgery and it will be paid out of our spay/neuter fund.

Other Information:

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

Suwannee County is in urgent need of spay/neuter assistance since there is currently no program in this area that sees to the needs of the low-income families. Our goal is to spay/neuter as many low-income pets as we can in order to cut down on the unwanted litters and strays in our county. We figure that we can spay/neuter approximately 100 dogs and 250 cats if we receive this grant. Our officers and volunteers are constantly stressing the importance of this program by educating the citizens at all of our events such as fund-raisers or Expos.

Budget:

Total number of sterilization surgeries projected: cats 250 dogs 100

Total budget requested: \$ 20000 Average cost/surgery projected: \$ 65

Budget should not exceed \$20,000.

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

County funds will be used for any publications or paperwork involving this matter. Our staff is small but always available to help with this program, as well as the volunteers. We feel that we are prepared to do whatever necessary to make the program work.

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: October 1, 2008 Projected end date: September 30, 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.

We are constantly seeking Grants in order to continue our programs. The county gives us some money for running the shelter and, if necessary, we will use some of that money to continue our program. We have received quite a few donations that have been targeted for spay/neuter.

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.

Local TV Stations and Radio Stations will be contacted so that we can advertise the License Plate Grant. We will also advertise in local newspapers.

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: March 08, 2008 (MM/DD/YY)

Name: Janis Hunter Title: Animal Control Officer and Director of the Suwannee County Animal Control Governing Board, Inc.

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 #43-1976610 (attach determination letter)
- FL Dept of Agriculture & Consumer Affairs Registration # CH-22820 (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