

FLORIDA ANIMAL FRIEND GRANT WORKSHEET

This worksheet is provided for applicants who would like to compose their application in another format or by hand instead of entering the information directly on-line. The information can then be copied and pasted into the on-line application web page.

This worksheet is for proposal preparation purposes only. It is not required and is not the official application. Do not submit this worksheet.

The complete electronic application including all required attachments must be entered on the website by **April 1 of each year by 8 PM.**

Grant ID: (Will be assigned.)

Title of Proposal:

Agency Type:

Total Funding Requested:

Check Payable To:

Application Information

Demographics

Name of Applicant Agency:

Website Address:

Person Submitting Proposal:

Position:

Agency Head:

Agency Head's Email:

Organization Business Address:

City:

State:

Zip:

Phone (xxx-xxx-xxxx):

Fax:

Cell:

Email Address:

Agency Details

Date of 501(c)(3) Incorporation:

Dates of Last Fiscal Year: Begin: End:

Organization Income in Last Fiscal Year:

Organization Expenses in Last Fiscal Year:

Number of Paid Employees: Full Time: Part Time:

Number of Active Volunteers:

Total Volunteer Hours per Week:

How did you learn of the Florida Animal Friend grant competition?

Previous Florida Animal Friend applications:

Year(s) funded: Year(s) denied/incomplete:

Describe your organization:

Services Provided:

Organization Structure:

- | | |
|--|---|
| <input type="checkbox"/> Open Admission Intake Shelter | <input type="checkbox"/> City, county, or tribal agency |
| <input type="checkbox"/> Limited Intake Shelter | <input type="checkbox"/> Private nonprofit agency |
| <input type="checkbox"/> Foster Network | <input type="checkbox"/> TNR group |
| <input type="checkbox"/> Animal Control | <input type="checkbox"/> Rescue group |
| <input type="checkbox"/> Spay/Neuter Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | |

List your current board of directors:

| Name | Title | Phone | Occupation | Email |
|------|-------|-------|------------|-------|
|------|-------|-------|------------|-------|

Applicant Qualifications

For your organization, in the last complete fiscal year:

- | | | |
|-----------------------------------|-------------------------------|------------------|
| <input type="checkbox"/> cats and | <input type="checkbox"/> dogs | were admitted. |
| <input type="checkbox"/> cats and | <input type="checkbox"/> dogs | were adopted. |
| <input type="checkbox"/> cats and | <input type="checkbox"/> dogs | were euthanized. |
| <input type="checkbox"/> cats and | <input type="checkbox"/> dogs | were sterilized. |

Briefly describe your animal programs. Please check any that apply:

- Stray/Lost pet intake
- Owner surrendered animals
- Lost and Found program
- Adoption program
- Foster Program
- Food bank
- Behavior counseling
- Disaster services
- Wellness services to underserved pet owners
- Cruelty investigation
- Enforcement of ordinances
- Volunteer program
- High volume spay/neuter clinic
- Full service wellness clinic

If your program performs adoptions, are all animals sterilized before adoption?

If not all, what percentage of animals are 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.

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?

Target Population

Geographical target area (name of city, county, zip codes, geographical Information service (GIS), etc.):

Total human population in target area:

Percent of residents living below poverty in target area:

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

Estimated number of pet dogs in target area (human population divided by 4.0):
Estimated number of feral cats in target area (human population divided by 6.0):
Number of cats admitted to animal control shelters in the target area last year (if known):
Number of dogs admitted to animal control shelters in the target area last year (if known):
Number of cats euthanized in animal control shelters in the target area last year (if known):
Number of dogs 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.

Please explain what you believe are the most substantial sources of dog and cat overpopulation in the target area:

What kinds of spay/neuter services are currently available in the target area and in what ways are these resources currently insufficient to meet community needs?

Florida Animal Friend is highly supportive of proposals that are focused on animal populations that are identified as substantial sources of dog or cat overpopulation rather than being diluted over too broad of a geographic area or diverse animal populations. Describe the specific target animal population(s) of the spay/neuter project proposed for this grant:

- Pets in low-income families
- Pit bull /large breed dogs
- TNR managed colonies of feral cats
- Community cats (free-roaming and/or owned)
- Other

TNR Managed Colony Feral Cat Program/Community Cats (Free-Roaming and/or Owned) Program

TNR: Trap neuter and release of feral unsocialized cats that are part of a managed colony.

Community cats: Neighborhood cats, sometimes social, that are accepted and cared for by neighborhood residents who provide a basic level of care: food, water, vaccines, etc.

Define the precise boundaries of the colony or targeted area, including estimate of square miles.

What is the criteria used for determining the target area(s) and/or eligibility for this program?

Describe whether the targeted area is rural, suburban, or urban. Is it commercial, residential, agricultural, or a designated special land use?

Estimated number of cats in the target colony area:

Estimated number that are currently sterilized:

Projected reduction after utilizing the grant:

For TNR program, describe the ability to maintain lifelong care for remaining cats, commitment level of volunteers/organizations, etc.

Do current city/county ordinances address TNR or free-roaming cats? Y N

Please explain what is allowed.

(NOTE: FAF will not fund any program this is inconsistent with local ordinances.)

For TNR program, list any groups or government agencies who support this TNR effort.

Describe any effort to lessen the negative impact on local wildlife.

Describe efforts that will be made to mitigate current or potential nuisance issues.

Will the cats be ear-tipped and/or microchipped?

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

Objectives

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

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

Methods

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

How will you advertise the program? Explain how the advertising will reach the target audience.

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

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.

Veterinary Services

Objectives

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

Are they: In-house Private Vet(s) Combination

Veterinary Practices

| Practice Name | Address | City | State | Zip | Phone | Lead Practice? |
|---------------|---------|------|-------|-----|-------|----------------|
|---------------|---------|------|-------|-----|-------|----------------|

Fee Range

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.

| <u>Amount Paid by Client</u> | <u>Amount Paid by Project</u> | <u>Total Amount</u> |
|------------------------------|-------------------------------|---------------------|
|------------------------------|-------------------------------|---------------------|

Range for Male Cats

Range for Female Cats

Range for Male Dogs

Range for Female Dogs

Please check each item below to indicate additional services offered at the time of surgery, whether the client is required to pay for them, and if so what the fee is. For example, if an examination is required for surgery but is not charged to the client it would be marked: Required X, Fee to client No

| | <u>Required</u> | <u>Optional/Not Offered</u> | <u>Fee to Client</u> | <u>Amount</u> |
|---------------------------|-----------------|-----------------------------|----------------------|---------------|
| Examination | | | | |
| Rabies Vaccination if Due | | | | |
| Other Vaccination if Due | | | | |
| Pain Medication | | | | |
| Parasite Medication | | | | |
| HW Testing | | | | |
| Feline Leuk/FIV | | | | |
| County License | | | | |
| Ear tipping | | | | |
| Microchip | | | | |
| Other | | | | |

(None of the anticipated grant funds can be used for any of the above services, except for pain medication.)

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

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

For your voucher program, how have you determined the capacity of the veterinarians listed above to handle the projected capacity?

Will you have the ability to report the number of vouchers issued and the percentage that result in S/N surgeries?

Community Collaboration

To assure the success of your program, are there any local groups (such as rescue groups, animal control agencies, TNR groups, local businesses, local media, social service agencies, etc.) other than your organization and your cooperating veterinarians who are committed to assist? Y N

If so, please list them and detail their level of involvement with the proposed effort.

| | |
|------|----------------------|
| NAME | LEVEL OF INVOLVEMENT |
|------|----------------------|

Other Information

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

Budget

Total number of sterilization surgeries projected:

Cats: Dogs:

Total budget requested (Budget should not exceed \$25,000):

Average cost/surgery projected:

Describe any expenses that are not included in the grant and how they will be paid for (for example, vaccines, microchipping, ear notching, etc.):

Describe any other funding sources for this program, i.e. other grants, targeted fundraising efforts, budget allocation, etc.

What percent of the total cost of the program would this projected grant cover?

Timeline

All projects must be completed within 12 months of receipt of funding.

Projected start date: Projected end date:

Unexpended funds

Any unexpended funds must be refunded to Florida Animal Friend within 30 days of the end of the project.

Requests for extensions

Requests for time extensions are discouraged and not often granted. If it is imperative to request an extension, such request must be made in writing at least 30 days prior to the end of the project. It is FAF's policy to seldom grant more than a 30-60 day extension.

Failure to submit reports and requests within the required time period will impact your agency's future grant applications.

Future Funding to Sustain Public Spay/Neuter

Explain how the organization plans to fund this program in the future. Having sustainable plans including other grants, local donations and other services generating revenue enhances the chances of receiving this grant.

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 and promote the sale of the Animal Friend license Plate via press releases, newsletters, website links, social media, etc. Please describe your plan to promote the Florida Animal Friend Spay/Neuter License Plate. Grantees are required to submit documentation of promotional endeavors.

View Attached Files

CHECKLIST OF ATTACHMENTS AND SUBMISSION INSTRUCTIONS

| | <u>Nonprofit Agencies</u> | <u>Municipal Agencies</u> |
|----------|--|--|
| 1 | Grant application on-line | Grant application on-line |
| 2 | Veterinary collaboration letter uploaded | Veterinary collaboration letter uploaded |
| 3 | Letter of support from director uploaded | Letter of support from director uploaded |
| 4 | Current fiscal year agency budget uploaded | Current fiscal year agency budget uploaded |
| 5 | Previous year's financial statement of income & expense uploaded | |
| 6 | IRS 501(c)3 determination letter uploaded | |
| 7 | FL DOACS registration certificate uploaded | |
| 8 | IRS 990 or 990 EZ of most recent fiscal year uploaded | |
| 9 | Letter of acknowledgement from county or city animal control agency (if available. If not, explain why not.) | |

Completed proposals, including the application form and all attachments, must be submitted on-line at www.floridaanimalfriend.org by **April 1 by 8 pm**. The electronic submission website will be closed at 8 pm, and no applications can be accepted or changed after that time.

For help contact Lois Kostroski, Executive Director at flanimalfriend@L-TGraye.com or 813/968-4364.