

Grant ID: 1485

**Title of Proposal:** Levy County Low-Cost Spay/Neuter Program

**Agency Type:** Non-Profit

**Total Funding Requested:** \$20,000.00

**Check Payable To:** Humane Society of Levy County, Inc.

## Application Information

### Demographics

**Name of Applicant Agency:** Humane Society of Levy County, Inc. **Website Address:** www.humanesocietyoflevycounty.com

**Person Submitting Proposal:** Heidi Hansen **Position:** Vice-President / Treasurer

**Agency Head:** Michelle Hagan **Agency Head Email:** levyhumane@aol.com

**Organization Business Address:** 70 Easy St **City:** Bronson  
**State:** FL **Zip:** 32621  
**Phone (xxx-xxx-xxxx):** 352-486-5705 **Fax:**  
**Cell:** 352-317-0279 **Email Address:** levyhumane@aol.com

### Agency Details

**Dates of Last Fiscal Year: Begin:** 01/01/14 **End:** 12/31/14

**Organization Income in Last Fiscal Year:** \$6,587.22

**Organization Expenses in Last Fiscal Year:** \$11,556.78

**Number of Paid Employees:** Full Time: 0 Part Time: 0

**Number of Active Volunteers:** 6

**Total Volunteer Hours per Week:** 80.00

**How did you learn of the 2009 Florida Animal Friend grant competition?** Recipients of 2008, 2010, 2013

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

**Previous Florida Animal Friend Applications:** Years Funded: 2008, 2010, 2013 Year(s) denied/incomplete: 2012

**Describe your agency:**

#### Services Provided

- Unlimited Intake Shelter
- Limited Intake Shelter
- Foster Network
- Animal Control
- Spay/Neuter Services

#### Organization Structure:

- City, county, or tribal agency
- Private nonprofit agency
- Other
- TNR Group
- Rescue Group

Other

**List your current board of directors:**

Name	Title	Phone	Occupation	Email
Debra Landsiedel	Secretary	352-486-1866	Retired	debra_landsiedel@yahoo.com
Heidi Hansen	Vice-President / Treasurer	352-210-1720	Senior Bookkeeper	hlhansen@bellsouth.net
Jennifer Landsiedel	Volunteers	352-486-1866	Manager	levyhumane@aol.com
Michelle Hagan	President	352-317-0279	Support Specialist II	chele2654@hotmail.com
Nicole Hemenway	Director-At-Large	352-949-1909	Capital City Bank	red-love14@hotmail.com

**Applicant Qualifications**

**For your organization, in the last complete fiscal year:**

**2 cats and 10 dogs were admitted.**

**2 cats and 10 dogs were adopted.**

**0 cats and 0 dogs were euthanized.**

**81 cats and 123 dogs were sterilized.**

**Briefly describe your animal programs:**

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

Yes

**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.**

Currently, the Humane Society performs Low-Cost Spay or Neuter Program on a limited basis to the residents of Levy County. By receiving the FAF grant in previous years, the Society board members are trained in advertising, maintaining, facilitating, and communicating the curriculum into a successful program. Presently, all board members have a combined total of eight years experience in the Low-Cost Spay/Neuter 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 Society's current level of funding for our Low-Cost Spay/Neuter Program is through private contributions. This funding level is low due to the current economic conditions, which limits the Society's ability for a continual program. This limits our productivity and creates a waiting list for our clients. Additional resources from FAF Grant would create a solid stability to complete those on the waiting lists and continue the outreach of low-income clients that reside in rural Levy County.

**Target Population**

<b>Geographical target area (name of city, county, etc.):</b>	Levy County
<b>Total human population in target area:</b>	39,644
<b>Percent of residents living below poverty in target area:</b>	23.7
<b>Estimated number of pet cats in target area (human population divided by 3.3):</b>	12014
<b>Estimated number of pet dogs in target area (human population divided by 4.0):</b>	9911
<b>Estimated number of feral cats in target area (human population divided by 6.0):</b>	6608

<b>Number of cats admitted to animal control shelters in the target area last year (if known)</b>	978
<b>Number of dogs admitted to animal control shelters in the target area last year (if known)</b>	1063
<b>Number of cats euthanized in animal control shelters in the target area last year (if known)</b>	644
<b>Number of dogs euthanized in animal control shelters in the target area last year (if known)</b>	154

**Please explain if you believe your target area animal population is significantly different than above.**  
 Due to Levy County being large in land mass, the county services many recreational activities. Thus, many are left, lost, or unwanted by visitors.

**Please explain what you believe are the most substantial sources of dog and cat overpopulation in the target area:**  
 Levy County is a rural, low poverty area where the cat and dog overpopulation are prevalent due to residents housing animals and being unable to provide proper medical and spay/neuter service due to their economic conditions.

**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?**  
 Currently, Levy County has several private veterinary practices that are unable to provide services for lower income families.

**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 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**

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

N/A

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

N/A

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

N/A

**Estimated number of cats in the target colony area :** 0

**Estimated number that are currently sterilized:** 0

**Projected reduction after utilizing the grant:** 0

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

N/A

**Detail any public education/outreach, adoption programs, etc.**

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

No

**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:**

N/A

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

N/A

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

N/A

**Will the cats be ear-tipped?** No

**Will the cats be microchipped?** No

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

N/A

## Objectives

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

The FAF Grant would provide an affordable spay/neuter option for low-income families and continue to reduce the pet overpopulation.

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

This grant will continue the spay/neuter program which will increase the number of sterilizations in rural Levy County.

## Methods

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

The Society's criteria for eligibility is based upon the family income level, the presence of non-sterilized pets in the home, and the willingness of the family to work with restrictions of the program and the veterinary community. The Society will utilize the following: Medicaid, WIC, SSI, and Food Stamps.

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

The Society has developed a great relationship with the area newspapers and will run press releases throughout the county. The best advertisement is through word-of-mouth, which in a rural low-income community word spreads fast, which limits applicants to one application per family. If awarded the full amount requested, the Society will have the opportunity to spay/neuter 171 animals to continue our goal of alleviating the pet overpopulation that we currently have in our low income community.

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

Having individuals in the organization who face these hurdles in their daily jobs, this provides the Society a head start to solving common issues. The Society has a strong network of individuals that has been established to help with transportation of animals. Bilingual Society members and individuals in the County government stand ready to assist with communication needs.

**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.**

Animals will be transported in the custody of their owners. If their develops a needs, the Society's board members will make arrangements for transportation with animals being housed and secured in crates to veterinary facility.

# Veterinary Services

## Objectives

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

Presently, the Humane Society utilizes Archer Animal Hospital to perform surgeries on client based spay/neuter programs.

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

## Veterinary Practices

Practice Name	Address	City	State	Zip	Phone	Lead Practice
Archer Animal Hospital	16105 SW Archer Road	Archer	FL	32618	352-495-2910	<input checked="" type="checkbox"/>

## 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.

	Amount Paid by Client	Amount Paid by Project	Total Amount
Range for Male Cats	<input type="text" value="\$10.00"/>	<input type="text" value="\$35.00"/>	<input type="text" value="\$45.00"/>
Range for Female Cats	<input type="text" value="\$10.00"/>	<input type="text" value="\$45.00"/>	<input type="text" value="\$55.00"/>
Range for Male Dogs	<input type="text" value="\$10.00"/>	<input type="text" value="\$55.00"/>	<input type="text" value="\$65.00"/>
Range for Female Dogs	<input type="text" value="\$10.00"/>	<input type="text" value="\$65.00"/>	<input type="text" value="\$75.00"/>

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  Yes, Fee to client  No

	Required, Optional, or Not Offered	Fee to Client?
Examination	<input checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input type="radio"/> Yes
Rabies Vaccination if Due	<input checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input type="radio"/> Yes
Other Vaccination if Due	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$40.00"/>
Pain Medication	<input checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
Parasite Medication	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$40.00"/>
Testing	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$40.00"/>
Licensing	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
Ear tipping	<input checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
Other	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes

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

The FAF Grant funds will cover the examination, pain medication, and the surgery procedures. The Society would charge the client \$10.00 per animal for services and rabies. The client would have the option to purchase a low-cost \$40.00 vaccine

package or micro-chip their animal at a reduced rate and they are an additional cost paid by the client.

**Is this a voucher program?** No

**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?

Yes  No

Please list them and detail their level of involvement with the proposed effort.

Name	Level of Involvement
Levy County Animal Services	Advertise
Rapscallion to the Rescue Inc.	Advertise

## Other Information

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

Please see UPLOADED FILES of Program Details that will be provided to qualified applicants.

## Budget

**Total number of sterilization surgeries projected:**

**Cats:** 175 **Dogs:** 210

**Total budget requested (Budget should not exceed \$25,000):** \$20,000.00

**Average cost/surgery projected:** \$52.00

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

Expenses outside of the spay/neuter procedures incurred; for example, the client, which varies by facility, will pay for microchipping, vaccines, and heartworm tests.

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

Expenses outside of the spay/neuter procedures incurred; for example, the client, which varies by facility, will pay for microchipping, vaccines, and heartworm tests.

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

The Society participates in community events and funds raised help cover the co-pay of those families that are unable to contribute.

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

100%

## 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, 2009.**

**Projected start date:** 08/01/15/    **Projected end date:** 07/31/16

### **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.**

Currently, the Humane Society utilizes private contributions during off years of FAF grant due to the need Levy County.

## 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.**

The Society will utilize their advertising/marketing plan which can be found in the UPLOADED FILES OTHER section.