

Grant ID: 1441

**Title of Proposal:** Spay/Neuter Voucher System

**Agency Type:** Non-Profit

**Total Funding Requested:** \$25,000.00

**Check Payable To:** Humane Society/SPCA of Sumter Co Inc

## Application Information

### Demographics

**Name of Applicant Agency:** Humane Society/SPCA of Sumter Co Inc

**Website Address:** www.hsspca.org

**Person Submitting Proposal:** Mary Chiles

**Position:** Secretary

**Agency Head:** Bill Gottschalk

**Agency Head Email:** info@hsspca.org

**Organization Business Address:** Box 67

**City:** Lake Panasoffkee

**State:** FL

**Zip:** 33538

**Phone (xxx-xxx-xxxx):** 352-793-9117

**Fax:** 352-793-9119

**Cell:**

**Email Address:** info@hsspca.org

### Agency Details

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

**Organization Income in Last Fiscal Year:** \$284,715.00

**Organization Expenses in Last Fiscal Year:** \$214,147.00

**Number of Paid Employees:** Full Time: 2 Part Time: 0

**Number of Active Volunteers:** 50

**Total Volunteer Hours per Week:** 200.00

**How did you learn of the 2009 Florida Animal Friend grant competition?** previous grantee

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

**Previous Florida Animal Friend Applications:** Years Funded: 2009,2011 Year(s) denied/incomplete: 2013,2014

**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
Bill Gottschalk	Chairman	352-430-8011	retired	wm.gottschalk@gmail.com
Bob Anderson	Director	352-259-8494	retired	
Chris Baker	Director	352-346-3329	Fed Corr Officer	
Mary Chiles	Director-Secretary	352-205-8221	retired	maryhchiles@comcast.net
Pat Conboy	Director	352-259-3141	retired	

**Applicant Qualifications**

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

**64 cats and 181 dogs were admitted.**

**60 cats and 166 dogs were adopted.**

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

**62 cats and 181 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?**

All are sterilized.

**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.**

The above numbers did not include our voucher program which paid for the sterilizations of 196 dogs and cats in 2014. Voucher recipients must demonstrate need of assistance. We have three vet clinics providing procedures depending on location of the voucher recipient. Anne Miller, an experienced animal care provider, supervises this program in the office. Voucher recipients are monitored to make sure that the voucher is used timely.

**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?**

We received grants totaling \$7500.00 late last year. This was sufficient for 150 vouchers and we have already sent out 156 vouchers this year. We apply for spay/neuter grants on an on-going basis.

**Target Population**

<b>Geographical target area (name of city, county, etc.):</b>	Sumter County Florida
<b>Total human population in target area:</b>	107056
<b>Percent of residents living below poverty in target area:</b>	12%
<b>Estimated number of pet cats in target area (human population divided by 3.3):</b>	32442
<b>Estimated number of pet dogs in target area (human population divided by 4.0):</b>	26764
<b>Estimated number of feral cats in target area (human population divided by 6.0):</b>	17843
<b>Number of cats admitted to animal control shelters in the target area last year</b>	5

(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.**

Our target area is the rural south end of our county with a higher proportion of low-income families.

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

Multiple pet families; feeding strays and ferals.

**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?**

The north area of our county is a relatively affluent retirement community well-served by veterinary practices. The south end of our county is rural, poorer and under-served by vets. There is one low-cost non-profit clinic in our county and one in a nearby county.

**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.**

na

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

na

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

na

**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.**

na

**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:**

na

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

na

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

na

**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.**

na

## Objectives

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

A grant of \$25,000.00 would allow us to provide an additional 500 sterilization procedures

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

Last year we provided vouchers that were utilized for 196 procedures

## Methods

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

Receipt of State/Federal assistance.

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

On our website and in the paper. However, word of mouth is our best source.

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

We use vet clinics in three different areas of our county.

**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.**

No, recipients of vouchers provide their own vehicles.

## Veterinary Services

### Objectives

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

We have agreements with You've Got A Friend, Buffalo Ridge Animal Hosp. and Floral City Animal Clinic to honor our vouchers at a non-profit rate.

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

**Veterinary Practices**

Practice Name	Address	City	State	Zip	Phone	Lead Practice
Buffalo Ridge Animal Hosp	748 Village Campus Cir	The Villages	Fl	32162	352-750-4711	<input type="checkbox"/>
Floral City Animal Hosp	4599 S Florida Ave	Inverness	Fl	34450	352-860-2442	<input checked="" type="checkbox"/>
You've Got a Friend	712 Anderson Av	Mascotte	Fl	34753	352-429-0070	<input 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
<b>Range for Male Cats</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$25.00"/>	<input type="text" value="\$25.00"/>
<b>Range for Female Cats</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$40.00"/>	<input type="text" value="\$40.00"/>
<b>Range for Male Dogs</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$70.00"/>	<input type="text" value="\$70.00"/>
<b>Range for Female Dogs</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$75.00"/>	<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?
<b>Examination</b>	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Rabies Vaccination if Due</b>	<input checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$10.00"/>
<b>Other Vaccination if Due</b>	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Pain Medication</b>	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Parasite Medication</b>	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Testing</b>	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Licensing</b>	<input checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$5.00"/>
<b>Ear tipping</b>	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Other</b>	<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 rate above for male dogs represents a range of \$50 - 90 and for female dogs of \$55 - 95.

**Is this a voucher program?** Yes

**If so, how will you assure compliance with the program?**

By monitoring recipients. We ask them to call us and tell us their appt date. Then we call to make sure the appt was kept.

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

Floral City can do 50 per month, Buffalo Ridge 5 per month and only far south Sumter County residents are referred to You've Got a Friend.

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

Yes because we follow-up with the recipients and cancel vouchers of people that don't use their vouchers timely.

### 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
Sumter County Animal Services	referral

### Other Information

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

We have maintained a voucher program since 2008. We have a well-established office procedures for providing and monitoring vouchers and usage.

### Budget

**Total number of sterilization surgeries projected:**

**Cats:** 300 **Dogs:** 200

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

**Average cost/surgery projected:** \$50.00

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

Recipients that opt for any other procedures must cover them with the vet. We do not provide them.

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

Recipients that opt for any other procedures must cover them with the vet. We do not provide them.

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

We currently have grants for \$7500.00 which will be exhausted soon.

**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.**

We request grants on an on-going basis. We have individuals who will help fund our program. This program has successfully grant funded since 2008.

**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.**

We support the license plate on our website and our van has the spay/neuter license plate.