

Grant ID: 1476

Title of Proposal: Spay & Neuter

Agency Type: Municipal

Total Funding Requested: \$25,000.00

Check Payable To: Board of County Commissioners

Application Information

Demographics

Name of Applicant Agency: Putnam County Animal Control

Website Address: www.putpets.com

Person Submitting Proposal: Lisa Suarez

Position: Animal Control and Code Enforcement Manager

Agency Head: Brian Hammons

Agency Head Email: brian.hammons@putnam-fl.com

Organization Business Address: 2509 Crill Avenue, Suite 300, Palatka, FL 32177

City: Palatka

State: Florida

Zip: 32177

Phone (xxx-xxx-xxxx): 386-326-7166

Fax: 386-329-1213

Cell: 386-973-0244

Email Address: lisa.suarez@putnam-fl.com

Agency Details

Dates of Last Fiscal Year: Begin: 10/01/13 **End:** 09/30/14

Organization Income in Last Fiscal Year: \$56,695.00

Organization Expenses in Last Fiscal Year: \$0.00

Number of Paid Employees: Full Time: 8 Part Time: 0

Number of Active Volunteers: 1

Total Volunteer Hours per Week: 5.00

How did you learn of the 2009 Florida Animal Friend grant competition? Applied for it before

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

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

Describe your agency:

Services Provided

- Unlimited Intake Shelter
- Limited Intake Shelter
- Foster Network
- Animal Control

Organization Structure:

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

Spay/Neuter Services

Rescue Group

Other

List your current board of directors:

Name	Title	Phone	Occupation	Email
Chip Laibl	Commissioner	386-329-0205	Business man	chip.laibl@putnam-fl.com
Karl Flagg	County Commissioner	386-329-0205	Minister	karl.flagg@putnam-fl.c0m
Larry Harvey	Commissioner	386-329-0205	Insurance salesperson	larry.harvey@putnam-fl.com
Nancy Harris	County Commissioner	386-329-0205	Real Estate Agent	nancy.harris@putnam-fl.com
Walten Pellicier	County Commissioner	386-329-0205	Sales	walt.pellicier@putnam-fl.com

Applicant Qualifications

For your organization, in the last complete fiscal year:

1714 cats and 1452 dogs were admitted.

767 cats and 1302 dogs were adopted.

947 cats and 150 dogs were euthanized.

767 cats and 1302 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.

Lisa Suarez & Cyndi Brown are certified Animal Control Officers and is also certified in Euthanasia. The other officers are all certified animal control and euthanasia. Our goal is to reduce the number of euthanasia deaths, increase the number of adoptions and rescues and to have the animals spay/neutered prior to release.

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?

Putnam County is the poorest County in the State of Florida. We do not have programs for the Spaying and neutering of the animals unless we can get grants

Target Population

Geographical target area (name of city, county, etc.):	Putnam County
Total human population in target area:	74,000
Percent of residents living below poverty in target area:	25%
Estimated number of pet cats in target area (human population divided by 3.3):	22425
Estimated number of pet dogs in target area (human population divided by 4.0):	18500
Estimated number of feral cats in target area (human population divided by 6.0):	12334
Number of cats admitted to animal control shelters in the target area last year (if known)	1,714

Number of dogs admitted to animal control shelters in the target area last year (if known)	1452
Number of cats euthanized in animal control shelters in the target area last year (if known)	947
Number of dogs euthanized in animal control shelters in the target area last year (if known)	150
Please explain if you believe your target area animal population is significantly different than above. We do not believe that target area animal population is significantly different that above	
Please explain what you believe are the most substantial sources of dog and cat overpopulation in the target area: We are the poorest County in the State of Florida. The residents don't feel they have the money needed to spay or neuter their pets	
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? Spay and neuter services are by our Veterinarians. When we have a grant such as the one we are applying for, we can help reduce unwanted pregnancies in animals.	
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: <input checked="" type="checkbox"/> Pets in low-income families <input type="checkbox"/> Pit Bull / large breed dogs <input type="checkbox"/> TNR managed colonies of feral cats <input type="checkbox"/> Community cats (free-roaming and/or owned) <input type="checkbox"/> 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)?

200 cat spay vouchers and 100 cat neuter vouchers, 140 dog spay vouchers and 75 dog neuter vouchers

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

This program will increase the baseline sterilization surgeries by adding 500 more sterilized animals. This would not be possible due to the low income status of the owners

Methods

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

Participants must provide proof of residency and proof of income such as their most recent tax return or proof of assistance such as Social Security, Medicaid, etc. Family income must be within these set limits: Family Size and Income limits - 1: \$29,095; 2: \$33,220; 3: \$37,400; 4: \$41,525; 5: \$44,880; 6: \$48,180; 7: \$51,535; 8: \$54,835. Additionally, every animal sterilized must be up to date on the bordello and rabies vaccination. Vaccination cost would have to be paid by the dog or cat owners.

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

We will utilize our two local newspapers within the County and discuss it with out two local radio stations. We will also use flyers, our web page, social media, advertisement on our trucks and use the County's website as well.

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

Our flyers will be bi-lingual and will use the public access channel on cable to help resolve barriers

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.

Not at this time

Veterinary Services

Objectives

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

We attempt to work with all off our Veterinarians. Dr. Shelton has a letter attached to this application

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

Veterinary Practices

Practice Name	Address	City	State	Zip	Phone	Lead Practice
Animal Health Center	354 Hwy 17, South	East Palatka	Florida	32131	386-328-0327	<input type="checkbox"/>
Animal Medical Clinic	3301 Crill Avenue	Palatka	Florida	32177	386-328-4613	<input type="checkbox"/>
Crill & Palm Animal Hospital	3201 Crill Avenue	Palatka	Florida	32177	386-328-9616	<input type="checkbox"/>
Interlach Veterinary Clinic	165 S. CR 315	Interlachen	Florida	32148	(386) 684-4407	<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="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Range for Female Cats	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Range for Male Dogs	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Range for Female Dogs	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

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 type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" 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 checked="" type="radio"/> Yes <input type="text" value="\$15.00"/>
Other Vaccination if Due	<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="\$17.00"/>
Pain Medication	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
Parasite Medication	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
Testing	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
Licensing	<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"/>
Ear tipping	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" 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 vaccinations and license are required by ordinance every year. They will have to provide proof of these being done prior to obtaining the voucher

Is this a voucher program? Yes

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

Each pet owner will have to make an appointment with one of the veterinarians.

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

We have discussed the program with them when we had the grant previously. They will schedule them during their normal operating hours

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

Yes

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
Canine Animal Rescue	Provision of transportation and spreading the information about the program

Other Information

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

Our goal is to reduce the number of animals that we have to euthanize. This program will help reduce the number of animals that need to be euthanized and help us reach our goal

Budget

Total number of sterilization surgeries projected:

Cats: 250 **Dogs:** 250

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:

Vaccines, Microchipping (if we start that), if not done, will be the responsibility of the owner prior to the spaying and neutering

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

Vaccines, Microchipping (if we start that), if not done, will be the responsibility of the owner prior to the spaying and neutering

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

We have none at this time but we are always looking

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: 08/03/15/ **Projected end date:** 07/29/16

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 are discussing options with the Commissioners to use money that we bring in to Animal Control as a way to help fund this program

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 will make the Animal Friend license plate program through all of our efforts by putting it on our flyers, website, on our animal control trucks, any newsletters we may sue and our facebook site.