

Grant ID: 1670

**Title of Proposal:** We Like Big Mutts

**Agency Type:** Non-Profit

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

**Check Payable To:** Lake City Humane Society

### Application Information

### Demographics

**Name of Applicant Agency:** Lake City Humane Society

**Website Address:** www.lakecityhumane.org

**Person Submitting Proposal:** Laura Page

**Position:** Executive Director

**Agency Head:** Laura Page

**Agency Head Email:** lpage@lakecityhumane.org

**Organization Business Address:** 1392 NW Shelter Glen

**City:** Lake City

**State:** Florida

**Zip:** 32055

**Phone (xxx-xxx-xxxx):** 386-752-1178

**Fax:** 386-752-5552

**Cell:** 386-288-1023

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

### Agency Details

**Dates of Last Fiscal Year: Begin:** 01/01/15 **End:** 01/31/16

**Organization Income in Last Fiscal Year:** \$473,423.00

**Organization Expenses in Last Fiscal Year:** \$631,291.00

**Number of Paid Employees:** Full Time: 15 Part Time: 0

**Number of Active Volunteers:** 10

**Total Volunteer Hours per Week:** 40.00

**How did you learn of the 2009 Florida Animal Friend grant competition?** Former recipient

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

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

#### Describe your agency:

##### Services Provided

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

##### Organization Structure:

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

**List your current board of directors:**

Name	Title	Phone	Occupation	Email
Barbara McDuffie	Director	386-365-7102	None	bmcduffie@lakecityhumane.org
David Kraus	Secretary	386-623-6320	County Safety Director	dkrauss@lakecityhumane.org
David Tannenbaum	Treasurer	386-984-6875	Banker	dtannenbaum@lakecityhumane.org
Keith Williams	Vice President	386-344-2145	Sales Manager	kwilliams@lakecityhumane.org
Laura Hunter	Director	386-497-5158	Teacher	lhunter@lakecityhumane.org
Linda Johns	Director	386-344-2908	Retired	ljohns@lakecityhumane.org
Robin Smithey	Director	386-365-8625	Legal Assistant	rsmithey@lakecityhumane.org
Todd Sampson	President	386-365-8575	Banker	tsampson@lakecityhumane.org

**Applicant Qualifications**

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

**2306 cats and 2061 dogs were admitted.**

**517 cats and 554 dogs were adopted.**

**1459 cats and 398 dogs were euthanized.**

**517 cats and 554 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.**

As the only companion animal welfare agency in a county of 67,000 we are Columbia County's go-to agency for the citizens' needs. We also hold the contract for animal services for the county, one with a 22% poverty rate. The FAF grant we received in 2014 was incredibly successful, and we still have citizens asking for vouchers to sterilize their pets. We diverted those inquiries to North Florida Animal Rescue, until their \$15k FAF grant was depleted. Our Animal Control Officers, Intake Counselors and Adoption Counselors are all trained in issuing vouchers, and are committed to our mantra: The Only Way to No Kill is No Birth. Our Executive Team is all new, since 2015. processes and procedures have been streamlined, and all data is now saved electronically on a network server. Our new Executive Administrative Assistant is a talented young Information Technology expert, incredibly organized and diligent, and would be responsible for overseeing the voucher issuance and redemption reports.

**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**

<b>Geographical target area (name of city, county, etc.):</b>	Columbia County
<b>Total human population in target area:</b>	67,000
<b>Percent of residents living below poverty in target area:</b>	21.7
<b>Estimated number of pet cats in target area (human population divided by 3.3):</b>	20304
<b>Estimated number of pet dogs in target area (human population divided by 4.0):</b>	16750
<b>Estimated number of feral cats in target area (human population divided by 6.0):</b>	11167
<b>Number of cats admitted to animal control shelters in the target area last year (if known)</b>	2306

<b>Number of dogs admitted to animal control shelters in the target area last year (if known)</b>	2061
<b>Number of cats euthanized in animal control shelters in the target area last year (if known)</b>	1459
<b>Number of dogs euthanized in animal control shelters in the target area last year (if known)</b>	398
<b>Please explain if you believe your target area animal population is significantly different than above.</b> We believe this is accurate	
<b>Please explain what you believe are the most substantial sources of dog and cat overpopulation in the target area:</b> Large breed dogs, specifically bully breeds and hounds and community cats	
<b>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?</b> Five small animal hospitals No low cost veterinary clinics in our county With a 22% poverty rate, most cannot afford retail veterinary prices	
<b>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:</b>  <input type="checkbox"/> Pets in low-income families <input checked="" 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.**

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?**

**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)?**

Sterilize 350 dogs that are, or will mature to be, over fifty pounds Offer vouchers to any Columbia County resident, with a \$20 co-pay, who wishes to sterilize his/her large breed dog By September 30, 2017, at the end of the campaign, we anticipate our large dog intake number to be fewer than 100 per month. We expect to see an immediate decline beginning October 1, 2016, as we will have the ability to divert attempted owner surrender of wandering intact males, females in season, and litters of large breed puppies. Many citizens would rehome their accidental litters, but express that they cannot afford to care for them. We offer puppy food, vaccinate and deworm the pups for these citizens already. Offering vouchers for surgery will assure that when these pups are rehomed, they will not further contribute to the homeless pet population.

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

We do not currently have a spay/neuter program, so we do not have a baseline.

## Methods

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

Proof of Columbia County residency

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

Lake City Reporter Lake City Advertiser Service organizations including Lions, Kiwanis, Altrusa, Women's Club, Elks, Moose, American Legion Facebook Instagram WIC Office Department of Families and Children Unemployment office Florida Crown Flyers and Word of Mouth (our most successful marketing) The Lake City Advertiser ran a public service ad for us the entire year that we had the FAF grant (2014-2015) It is a free publication that is distributed widely throughout the county. We still get calls and e-mails from that source. The service organizations mentioned all help populations in our county that are underserved. Our new Executive Director has built solid relationships with these organizations and they have been a critical component in getting the word out about our agency's needs. We have a strong relationship with Florida Crown, the local re-employment agency, as our president is also their president. Program flyers at Crown will reach those citizens unemployed. In reality, our audience comes to us, nearly daily, asking for help. Citizens expect a humane society to have a low cost spay neuter program, and, one day soon, we hope to open our own clinic. But, until then, Columbia County has a huge void.

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

Our population is not terribly diverse, and cultural/language barriers are not an issue here. We do not anticipate that transportation will be an issue, however, if we find that a citizen wishes to get his or her pet sterilized, and can not get to the clinic, we will transport on one of our regular surgery days.

**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.**

See above. In the rare instance that we transport for a citizen, one of our trained animal control officers, or our medical coordinator, will transport in our transport van. If this is the case, we will have the pet owner sign a waiver, releasing our agency of all responsibility.

## Veterinary Services

### Objectives

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

Dr. Cesar Mena, Veterinary Medical Services, has committed to providing up to 520 large dog neuters, at an average price of \$78.33 and up to 100 large dog spays, at an average price of \$113.33, throughout the course of this project at reduced pricing. First Coast No More Homeless Pets is a large volume spay/neuter clinic in Jacksonville, and has committed to performing an unlimited number of large dog surgeries, for Columbia County residents, to whom we issue a voucher, should Veterinary Medical Services exceed their promised quota.

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

**Veterinary Practices**

Practice Name	Address	City	State	Zip	Phone	Lead Practice
First Coast No More Homeless Pets	6817 Norwood Ave	Jacksonville	Florida	32208	904-425-0005	<input type="checkbox"/>
North Florida Animal Rescue	16800 County Road 137	Wellborn	Florida	32094	386-963-1354	<input type="checkbox"/>
Veterinary Medical Services	1188 SW Main Blvd	Lake City	Florida	32025	386-438-8238	<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
<b>Range for Male Cats</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
<b>Range for Female Cats</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
<b>Range for Male Dogs</b>	<input type="text" value="\$20.00"/>	<input type="text" value="\$58.00"/>	<input type="text" value="\$78.00"/>
<b>Range for Female Dogs</b>	<input type="text" value="\$20.00"/>	<input type="text" value="\$93.00"/>	<input type="text" value="\$113.00"/>

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="\$18.00"/>
<b>Other Vaccination if Due</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>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 checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Testing</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>Licensing</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>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:**  
 Florida law requires up to date rabies vaccinations

**Is this a voucher program?** Yes

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

Proof of Columbia County residency will be required prior to voucher issuance

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

yes

**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
Lake City Advertiser	Free weekly display ad
Lake City Reporter	Press release, article and free weekly display ad

**Other Information**

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

In addition to the marketing already discussed, we will be using the program to help divert surrender of large breed dogs and litters of large breed puppies to our open intake shelter. We had success, in 2014-2015 in convincing owners to sterilize their pets and litters of unwanted puppies, and rehome them on their own, by being able to offer them a voucher, rather than surrendering their pets to the shelter, where they might get sick, or be euthanized.

**Budget**

**Total number of sterilization surgeries projected:**

Cats: 0 Dogs: 325

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

**Average cost/surgery projected:** \$77.00

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

none

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

none

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

\$20 co-pay by client

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

80

**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:** 08/01/16/ **Projected end date:** 07/31/17

**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.**

By fall of 2017, we anticipate having our own surgical ability and either a per diem, or staff veterinarian. Repurposing part of one of our current buildings into a small, low-cost clinic for basic services and sterilization is our Board of Directors' and Executive Director's focus for the next twelve months. Grants from other partners are being researched, and the planning of a capital campaign to secure the funding is in process. Once it is in place, we will have the ability to offer low cost surgery to the pet owners in our 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.**

We have already placed the FAF license plate marketing posters in each public area of our facility. Our team members have been encouraged to purchase the plate. Links to the FAF website will be on the tab for voucher information, on our website. Our Facebook cover photo will display the plate, like we did in 2014-2015. In our press release, we will remind readers that these funds would not be available if Florida drivers did not purchase the plates. We will also have flyers at the DMV in Lake City, promoting the voucher program, which will encourage citizens to purchase the plate.