

Grant ID: 1765

Title of Proposal: Reducing SRCAS Intake  
Agency Type: Non-Profit  
Total Funding Requested: \$25,000.00  
Check Payable To: A HOPE for Santa Rosa County FL, Inc

### Application Information

#### Demographics

Name of Applicant Agency: A HOPE for Santa Rosa County FL, Inc **Website Address:** P.O. Box 4629  
Person Submitting Proposal: Brandi Winkleman **Position:** Community Relations Director  
**Person Submitting Proposal Email Address:** ahope4src@gmail.com  
Agency Head: Brandi Winkleman Agency Head Email: ahope4src@gmail.com  
Organization Business Address: P.O. Box 4629 **City:** Milton  
State: Florida **Zip:** 32572  
Phone (xxx-xxx-xxxx): 850-368-2858 **Fax:**  
Cell: 850-368-2858

#### Agency Details

Date of 501(c)(3) Incorporation: 09/01/2017  
Dates of Last Fiscal Year: **Begin:** 09/01/17 **End:** 12/31/17  
Organization Income in Last Fiscal Year: \$4,001.84  
Organization Expenses in Last Fiscal Year: \$3,968.33  
Number of Paid Employees: Full Time: 0 Part Time: 0  
Number of Active Volunteers: 16  
Total Volunteer Hours per Week: 60.00  
How did you learn of the 2009 Florida Animal Friend grant competition? Local shelter  
Year(s) of previous Florida Animal Friend grants (if

applicable):

Previous Florida Animal Friend Applications: Years Funded: 0 Year(s) denied/incomplete: 0

Auto-Generated (Previous Applications):	Grant #	Proposal Year	Proposal Title	Status
	1765	2018	Reducing SRCAS Intake	Funded

**Describe your Organization:**

**Services Provided**

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

**Organization Structure:**

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

**List your current board of directors:**

Name	Title	Phone	Occupation
Brandi Winkleman	Community Relations Director	850-368-2858	SAHM
Deb Bankes	Compliance Director	850-380-6742	Business Owner
Katherine Ingram	Human Resources Director	727-859-2147	Nurse

**Applicant Qualifications**

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

- 0 cats and 0 dogs were admitted.**
- 0 cats and 0 dogs were adopted.**
- 0 cats and 0 dogs were euthanized.**
- 179 cats and 58 dogs were sterilized.**

**Briefly describe your animal programs:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Stray/Lost pet intake     | <input type="checkbox"/> Foster Program                 | <input type="checkbox"/> Wellness services to understand pet owners | <input checked="" type="checkbox"/> Volunteer Program              |
| <input type="checkbox"/> Owner surrendered animals | <input type="checkbox"/> Food Bank                      | <input type="checkbox"/> Cruelty investigation                      | <input checked="" type="checkbox"/> High volume spay/neuter clinic |
| <input type="checkbox"/> Lost and Found Program    | <input checked="" type="checkbox"/> Behavior counseling | <input type="checkbox"/> Enforcement of ordinances                  | <input type="checkbox"/> Full service wellness clinic              |
| <input type="checkbox"/> Adoption Program          | <input type="checkbox"/> Disaster services              |   |  |

**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.**

Our organization transports animals 2.5 hours away to a low cost clinic. We also promote and educate responsible pet owners. We have a Trap/Neuter/Return program and plan to open a low cost clinic in our area as soon as possible.

**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 only funding we have is from the city for the trap, neuter, return program. All of the transports we do are funded by the owners themselves. We have many people who cannot afford to get their animals fixed so we raise money for them from the community, as needed. We would LOVE to offer fixing all community cats in our program as well as offer better discounts to our responsible pet owners.

**Target Population**

Geographical target area (name of city, county, zip codes, geographical Information service (GIS), etc.):	Santa Rosa County, FL
Total human population in target area:	170,000
Percent of residents living below poverty in target area:	10.6
Estimated number of pet cats in target area (human population divided by 3.3):	51516
Estimated number of pet dogs in target area (human population divided by 4.0):	42500
Estimated number of feral cats in target area (human population divided by 6.0):	28334
Number of cats admitted to animal control shelters in the target area last year (if known)	3536
Number of dogs admitted to animal control shelters in the target area last year (if known)	2323
Number of cats euthanized in animal control shelters in the target area last year (if known)	3236
Number of dogs euthanized in animal control shelters in the target area last year (if known)	762

Please explain if you believe your target area animal population is significantly different than above. I believe there are more feral cats than listed, based on euthanasia rates.

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

The mindset of the people, the carelessness of owners to fix their animals, no TNR program outside city limits

**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?**

Our transport to the low cost clinic in Bay County (2.5 hours away) is the only low cost option for our county. This resource is only available two to three times a month in a community that needs so much more. This only allows 50 to 60 animals to be altered a month. This is not enough to make an impact.

**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.**

Santa Rosa County, to include the 30 towns. 1,174 square miles

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

This area has around 30,000 community cats and needs the most assistance with altering them for the health and well-being of their future.

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

Suburban, residential

**Estimated number of cats in the target colony area :** 30000

**Estimated number that are currently sterilized:** 170

**Projected reduction after utilizing the grant:** 1000

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

Each colony is managed by the caretaker and has been for the life of the cats before our group. We maintain locations and needs through a designated website and deliver food as requested. Any medical request come through the site and we have protocols in place for the caregivers. The volunteers that care for these colonies are lifelong or have companion caregivers.

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

Yes

**Please explain what is allowed:**

Community cats that are managed through our group are allowed within city limits. Outside city limits there is a strict leash law. But, cats can be maintained in your yard, and we cater to this as requested.

**(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:**

City of Milton, Emerald Coast Animal Allies, SOCKS, Santa Rosa County Animal Shelter

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

Feeding schedules are maintained so no food is left out for more than 20 minutes twice a day, community cats are not allowed where private land owners do not approve.

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

We personally speak with any and all neighbors with issues/complaints and do not allow our caregivers to interact negatively on any level with anyone. Reports come straight to us to mitigate.

**Will the cats be ear-tipped?** Yes

**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.**

Our cats are fixed, rabies vaccinated, and ear tipped. Our goal is to fix EVERY dog and cat, but this will make a huge dent. We will push for as many people to participate as possible and help with transport and trapping, as needed. We will target areas of highest density of cats in order to help them sign up and use this benefit.

## Objectives

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

We hope to fix, vaccinate, and chip around 1000 cats. We hope to show the county that we can provide the funding to support a community cat program.

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

Many cats are left to roam free and caregivers do not have the income to sterilize a colony of 10 to 50. When we offer to transport 1000 cats to the low cost clinic that works with us, the caregivers will be encouraged to bring us their cats.

## Methods

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

If the colony is registered on our website (which over 17 colonies of 10 to 50 cats each are) then they will be eligible to use this grant.

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

We will reach out to specific colony caregivers based on our database. We will advertise the program on Facebook, Instagram, and Twitter. We will also notify the local media.

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

We transport from anywhere within our county, have many followers from all walks of life, and our graphic designer makes very detailed and vivid posters.

**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.**

We use a personal van (hoping to get a donated one soon), animals come in their own kennels/crates and are not removed, I drive them all myself (anywhere from 10 to 60 so far), and we use bungee cords to hold them in place. Animals are then picked up from meeting points by the "Neuter Commuter" to go to Operation Spay Bay.

## Veterinary Services

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

Operation Spay Bay lets us use them as often as we reserve dates.

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

### Veterinary Practices

Practice Name	Address	City	State	Zip	Phone	Lead Practice
Operation Spay Bay	3520 E 15th St	Panama City	FL - Florida	32404	850-215-1022	<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="\$10.00"/>	<input type="text" value="\$25.00"/>	<input type="text" value="\$35.00"/>
<b>Range for Female Cats</b>	<input type="text" value="\$10.00"/>	<input type="text" value="\$25.00"/>	<input type="text" value="\$35.00"/>
<b>Range for Male Dogs</b>	<input type="text" value="\$15.00"/>	<input type="text" value="\$80.00"/>	<input type="text" value="\$95.00"/>
<b>Range for Female Dogs</b>	<input type="text" value="\$15.00"/>	<input type="text" value="\$80.00"/>	<input type="text" value="\$95.00"/>

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 type="radio"/> Optional <input checked="" 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 checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$10.00"/>
<b>Pain Medication</b>	<input checked="" type="radio"/> Required <input 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 type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$15.00"/>
<b>HW Testing</b>	<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="\$15.00"/>
<b>Feline Leuk/FIV</b>	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$20.00"/>
<b>County License</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 checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Microchip</b>	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not	<input type="radio"/> No <input checked="" type="radio"/> Yes

Available

\$15.00

**Other**

Required  Optional  Not Available

No  Yes

**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:**

NA

**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
Emerald Coast Animal Allies	Take in cats that are not 100% feral
NWFL Daily News	Runs ads and interviews about our group
Pensacola News Journal	Helps spread the word about the need for more community involvement
S.O.C.K.S.	Take in socialized cats or kittens
Santa Rosa County Animal Services	Calls us if any community members need help with cat issues. They allow us to step in and assess a situation before deciding to trap and bring into the shelter.
South Santa Rosa Press Gazette	Runs our press releases to announce any new and upcoming events/happenings.

### 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 a very organized program with record tracking that has been in use from day 1. We plan to target the animals all over the county to get fixed immediately upon receiving this grant.

## Budget

### **Total number of sterilization surgeries projected:**

**Cats:** 1000 **Dogs:** 0

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

**Average cost/surgery projected:** \$25.00

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

We will encourage community cats to be microchipped and will be paid for by the city of Milton, if within city limits. Rabies, ear tipping, and sterilization is a package deal at our clinic. Outside of city limits will be paid for by the caregivers.

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

We have donors that "Adopt a spay" and other community members that contribute for the well being of the animals in our community. We also have fundraisers and merchandise sold at many events that are hand made by talented community members.

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

71%

## Timeline

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

**Projected start date:** 08/01/18/ **Projected end date:** 04/01/19

### **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 have a great team of grant writers that continue to apply for grants, a huge support system in the community that donates regularly, and we sell merchandise from donated sources

## 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 with their final**



**report.**

We will make a flyer that has the license plate on it and do as we always do to promote spay/neuter. We will add this info in our press releases and post all over social media.