

Grant ID: 1711

Title of Proposal: Fix-A-Friend  
Agency Type: Non-Profit  
Total Funding Requested: \$20,000.00  
Check Payable To: Caloosa Humane Society, Inc.

### Application Information

#### Demographics

Name of Applicant Agency: Caloosa Humane Society      **Website Address:** www.caloosahumanesociety.org  
Person Submitting Proposal: Alex DeStefano      **Position:** Executive Director  
**Person Submitting Proposal Email Address:**  
Agency Head: Alex DeStefano      Agency Head Email: destefanoal@gmail.com  
Organization Business Address: 1200 Pratt Blvd      **City:** LaBelle  
State: Florida      **Zip:** 33935  
Phone (xxx-xxx-xxxx): 863-675-0997      **Fax:** 863-675-0994  
Cell:

#### Agency Details

Date of 501(c)(3) Incorporation: 05/31/1998  
Dates of Last Fiscal Year: **Begin:** 01/01/16    **End:** 12/31/16  
Organization Income in Last Fiscal Year: \$835,481.00  
Organization Expenses in Last Fiscal Year: \$822,314.00  
Number of Paid Employees: Full Time: 11 Part Time: 2  
Number of Active Volunteers: 25  
Total Volunteer Hours per Week: 160.00  
How did you learn of the 2009 Florida Animal Friend grant competition? other organizations, previous recipient  
Year(s) of previous Florida Animal Friend grants (if

applicable):

Previous Florida Animal Friend Applications: Years Funded: 1 Year(s) denied/incomplete: 1

	Grant #	Proposal Year	Proposal Title	Status
Auto-Generated (Previous Applications):	149	2010	Spay/Neuter Program	Denied
	1524	2006		Funded
	1525	2008		Funded
	1711	2017	Fix-A-Friend	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
Ellen Ferguson	Secretary	863-675-0997	retired
Janet Spindle	Director	239-290-9196	USPS
Karla Kaufman	Director	863-675-0997	Nurse
Patricia Boone	President	239-872-6050	Business
Rick Overberg	Vice President	954-401-3202	Corporate Sales
Sherill Overberg	Director	954-383-4915	none
Swea Nightingale	Treasurer	863-612-0085	Business Owner
Tim Haley	Director	863-673-1838	Retired

**Applicant Qualifications**

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

**281 cats and 635 dogs were admitted.**

**290 cats and 639 dogs were adopted.**

**4 cats and 5 dogs were euthanized.**

**712 cats and 816 dogs were sterilized.**

**Briefly describe your animal programs:**

- Stray/Lost pet intake
- Foster Program
- Wellness services to understand pet owners
- Volunteer Program
- Owner surrendered animals
- Food Bank
- Cruelty investigation
- High volume spay/neuter clinic

- Lost and Found Program
- Behavior counseling
- Enforcement of ordinances
- Full service wellness clinic
- Adoption Program
- 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.**

Caloosa Humane Society operates a full service veterinary clinic. Within this clinic we have one full-time and one part-time veterinarian. Our full-time veterinarian has spent the last 9 of his 30+ years of experience working with non profit organizations and is well-versed in high volume, high quality spays and neuters. The veterinarians are supported by two veterinary technicians, two assistants and one receptionist. We are currently offering affordable spay/neuter services to the public, as well as vouchers for those that can't afford fees.

**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 have received small grants (Walmart, Petco Foundation, private donors) to perform targeted spay/neuter. The program was largely successful. Unfortunately, the list of those in need was triple the funds available.

Target Population

Geographical target area (name of city, county, zip codes, geographical Information service (GIS), etc.):	Hendry County
Total human population in target area:	39290
Percent of residents living below poverty in target area:	25.8
Estimated number of pet cats in target area (human population divided by 3.3):	11907
Estimated number of pet dogs in target area (human population divided by 4.0):	9823
Estimated number of feral cats in target area (human population divided by 6.0):	6549
Number of cats admitted to animal control shelters in the target area last year (if known)	n/a
Number of dogs admitted to animal control shelters in the target area last year (if known)	n/a
Number of cats euthanized in animal control shelters in the target area last year (if known)	n/a
Number of dogs euthanized in animal control shelters in the target area last year (if known)	n/a
Please explain if you believe your target area animal population is significantly different than above. I believe the numbers to be accurate.	

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

Indiscriminate breeding seems to be the most substantial source. Being a rural, agricultural-based community, there are many dogs bred with the intention of being used as working dogs. When the breeder only wants one of the puppies, the rest are given away, intact, to continue the cycle. We are working towards change through education, but we are finding that even when educated many people either can't or won't spend the money to have their pets sterilized.

**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?**

Withing our community there are only 3 veterinary clinics. Caloosa Humane Society is the only one providing affordable pet care. We have the ability to provide the services, but the funds we are able to contribute after caring for our own shelter animals is not sufficient to meet the needs of the community.

**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

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

Yes

**Please explain what is allowed:**

N/A

**(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? 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.**

N/A

## Objectives

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

Caloosa Humane Society would like to see no more unwanted litters of puppies. The majority of the puppies are of the hound/pit/cur breeds. We will be spay/neutering 275 dogs that are the above breeds.

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

Caloosa Humane Society currently offer spay/neuter vouchers to needy members of the community. We are only able to provide 5-10 monthly for 100% no cost. The limiting factor for us are surgical supply costs. We have the veterinarian time available to sustain growing our program.

## Methods

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

All pit/hound/cur breed dogs will be eligible for the program. There are many people in the community that refuse to spend personal funds on sterilizing their pets.

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

We will advertise through our website, social media posts and the local media. We are located in a "small town" environment and many of the people read our local paper and help us to then further spread our programs. We have successfully completed a similar project with cats, advertising the same way.

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

Hendry County is comprised of two cities, one on either end of the county. We would be offering transportation from the Eastern portion of the county to our facility located in the Western side. Our meeting place is designated at the City of Clewiston animal control facility. Our staff and volunteers are trained to educate individuals based on each person's ability to comprehend the information. Our community has a large Hispanic population. We have our written forms/materials available in both English and Spanish. We also have bilingual staff and volunteers available to answer questions.

**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.**

Staff will be transporting pets for people unable to make the trip across the county. We will primarily be using our large cargo van for transportation. This vehicle is equipped with dual-zone air conditioner and has a bolt down rack to ensure kennels cannot shift in movement. Each kennel door is then secured with a small chain and spring-clip to ensure all dogs are secure for the entire trip. This task is always led by a staff member who is trained in safe handling techniques.

Veterinary Services

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

Caloosa Humane Society has one full-time and one part-time veterinarian on staff. Both veterinarians are enthusiastic about the project and the part-time veterinarian will take on additional days as needed to complete surgeries.

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

**Veterinary Practices**

Practice Name	Address	City	State	Zip	Phone	Lead Practice
Chris Clements	1050 Commerce Drive	LaBelle	FL	33935	863-675-7387	<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="\$10.00"/>	<input type="text" value="\$68.00"/>	<input type="text" value="\$78.00"/>
<b>Range for Female Dogs</b>	<input type="text" value="\$10.00"/>	<input type="text" value="\$73.00"/>	<input type="text" value="\$83.00"/>

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 checked="" type="radio"/> Required <input 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</b>	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes

<b>Due</b>	Available	<input type="text" value="\$13.25"/>
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
<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="\$20.00"/>
<b>Feline Leuk/FIV</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="\$25.00"/>
<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
Ear tipping	<input type="radio"/> Required <input checked="" 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 checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$25.00"/>
<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

**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:**

The breeds of dogs chosen tend to be larger breeds. The amounts listed for range are subject to vary depending on exact size of dogs. The project will sterilize no less than 275 dogs, but more may be included depending on sizes and sexes of dogs presented for surgery.

**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
City of LaBelle Animal Control	Refer pet owners that they encounter in field.

## Other Information

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

The program is a necessity in our community. It will be the first project of its kind in our community where there is nothing else available to the public.

## Budget

**Total number of sterilization surgeries projected:**

**Cats: 0 Dogs: 300**

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

**Average cost/surgery projected: \$67.00**

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

The dog owner will be responsible to spend \$10.00 on a Rabies vaccination to receive a free sterilization surgery.

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

Proceeds from a few small fundraising events will be used to cover the costs of marketing materials.

**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.**

**Projected start date: 01/01/18/ 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.**

Caloosa Humane Society has private donors interested in matching funds raised by grants and fundraisers. With the pledges currently made, we would be able to continue for an additional 18 months.

## 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.**

Caloosa Humane Society will promote the Animal Friend license plate through our website, social media and printed advertisements in our local newspapers.