

Grant ID: 1785

Title of Proposal: 2018 Low Cost Spay/Neuter Grant  
Agency Type: Municipal  
Total Funding Requested: \$25,000.00  
Check Payable To: Putnam County 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:** Enforcement Division Manager  
**Person Submitting Proposal Email Address:** lisa.suarez@putnam-fl.com  
Agency Head: Kevin Powell **Agency Head Email:** Kevin.Powell@putnam-fl.com  
Organization Business Address: 2509 Crill Avue, Suite 300 **City:** Palatka  
State: Florida **Zip:** 32178  
Phone (xxx-xxx-xxxx): 386-326-7166 **Fax:** 386-329-1919  
Cell: 386-937-0244

**Agency Details**

Date of 501(c)(3) Incorporation:  
Dates of Last Fiscal Year: **Begin:** 10/01/16 **End:** 09/30/17  
Organization Income in Last Fiscal Year: \$454,061.00  
Organization Expenses in Last Fiscal Year: \$454,061.00  
Number of Paid Employees: Full Time: 8 Part Time: 0  
Number of Active Volunteers: 1  
Total Volunteer Hours per Week: 10.00  
How did you learn of the 2009 Florida Animal Friend grant competition? We have received grant funding in the past from the Animal Friend Organization.  
Year(s) of previous Florida Animal Friend grants (if

applicable):

Previous Florida Animal Friend Applications:

Years Funded: 2011, 2013, 2015 Year(s) denied/incomplete: 2017

	Grant #	Proposal Year	Proposal Title	Status
	220	2011	Putnam County No-Cost Spay Neuter Program	Funded
Auto-Generated (Previous Applications):	349	2013	Putnam County 2013 No-Cost Spay/Neuter Program	Funded
	1476	2015	Spay & Neuter	Funded
	1706	2017	2017 Low Cost Spay/Neuter Grant	Denied
	1785	2018	2018 Low Cost Spay/Neuter Grant	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:**

**Applicant Qualifications**

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

**770 cats and 860 dogs were admitted.**

**759 cats and 853 dogs were adopted.**

**11 cats and 7 dogs were euthanized.**

**759 cats and 853 dogs were sterilized.**

**Briefly describe your animal programs:**

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

**If your program performs adoptions, are all animals sterilized before adoption?**

No

**If not all, what percentage of animals are not currently sterilized before adoption?**

10%

**If not all, how are animals selected for sterilization before adoption?**

If the animal is not old enough to be sterilized prior to adoption.

**If not all, describe your sterilization policies and procedures for assuring sterilization after adoption:**

We use a voucher system. When a person adopts an animal a voucher is given to that person to take to a local vet.

**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.**

We have 1 animal control supervisor, 3 animal control officers, 3 shelter attendants, 1 staff assistant on staff. We intend to use the low-income spay/neuter program to help certain applicants that meet the income requirements for low-cost spay/neuter.

**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 has the highest percentage of persons living below the poverty level of the State. As such, citizens are not able to spay/neuter their animals creating for unwanted animals in the county. At this time we have UF vet doctor and students helping the county by visiting shelter to provide assistance when they can as well as provide free spay and neuters when possible. Doc Tony and Jen Deane with Pit Sisters also help the county pay for vet bills.

Target Population

Geographical target area (name of city, county, zip codes, geographical Information service (GIS), etc.):	Putnam County
Total human population in target area:	72304
Percent of residents living below poverty in target area:	27%
Estimated number of pet cats in target area (human population divided by 3.3):	21911
Estimated number of pet dogs in target area (human population divided by 4.0):	18076
Estimated number of feral cats in target area (human population divided by 6.0):	12051
Number of cats admitted to animal control shelters in the target area last year (if known)	770
Number of dogs admitted to animal control shelters in the target area last year (if known)	860
Number of cats euthanized in animal control shelters in the target area last year (if known)	11
Number of dogs euthanized in animal control shelters in the target area last year (if known)	7
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 from above.	
Please explain what you believe are the most substantial sources of dog and cat overpopulation in the target area:	

Putnam County is the poorest County in the State of Florida. The residents don't feel they have the necessary funds to have their animals spayed/neutered.

**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?**

Currently we have three (3) veterinarians in our county. 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:**

**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?**

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)?**

To decrease the number of intakes of stray and unwanted cats and dogs.

**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 low income status of the owners.

Methods

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

Participants will need to show proof of residency within Putnam County. They must also show proof of income such as their most recent tax return or proof of assistance such as social security, Medicaid, etc. Additionally every animal sterilized must be up to date on their vaccinations. 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 use our local newspaper and radio station within the county. We will use our website, social media and Facebook page. We will also use county's website such as DMV to promote license plate. Also post flyers at local participating veterinarian offices.

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

Our flyers and social posting will be offered in English and Spanish. We will use 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

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

We attempt to work with all of our veterinaries. 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 Clinic	354 Hwy 17, South	East Palatka	Florida	32131	386-328-0327	<input type="checkbox"/>
ANIMAL Medical Clinic	3301 Crill Ave	Palatka	Florida	32177	386-328-4613	<input type="checkbox"/>
Interlachen Veterinary Clinic	165 S COunty Rd 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
<b>Range for Male Cats</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$50.00"/>	<input type="text" value="\$50.00"/>
<b>Range for Female Cats</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$50.00"/>	<input type="text" value="\$50.00"/>
<b>Range for Male Dogs</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$50.00"/>	<input type="text" value="\$50.00"/>
<b>Range for Female Dogs</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$50.00"/>	<input type="text" value="\$50.00"/>

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="\$15.00"/>
<b>Other 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="\$17.00"/>
<b>Pain 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>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>HW 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>Feline Leuk/FIV</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>County License</b>	<input checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input type="radio"/> No <input checked="" type="radio"/> Yes \$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
<b>Microchip</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

**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 vaccinations and license are required by ordinance every year. They will have to provide proof of this 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 participating 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 previous grant. 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**

Pit Sisters	Will provide assistance in educating public about the benefits of having their animals spayed/neutered. Pit Sisters is a very active rescue that provides assistance to our shelter on a regular basis.
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#### 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 come into our shelter of stray and/or unwanted pets. This

grant will help reduce the numbers of animals that need to be euthanized and help us reach our ultimate goal of becoming a no kill facility.

#### Budget

**Total number of sterilization surgeries projected:**

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

**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 (for example, vaccines, microchipping, ear notching, etc.):**

Vaccinations and micro-chipping will be the responsibility of the pet owner.

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

None at this time, but are searching for other grant opportunities.

**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.**

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

#### 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 intend to continually look for grants to assist with spay/neutering for our low income community. 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 with their final report.**



We will promote the Animal Friend license plate program by including it on flyers, advertisements on our website and Facebook page as well as local newspaper, public access television and local radio stations. We will also reach out to some of the local rescues and have them advertise as well.