

Grant ID: 1694

Title of Proposal: "NO more unwanted Puppies & Kittens"  
Agency Type: Non-Profit  
Total Funding Requested: \$5,000.00  
Check Payable To: YOUCANMAKEADIFFERENCE, INC.

### Application Information

#### Demographics

Name of Applicant Agency: YOUCANMAKEADIFFERENCE, INC. **Website Address:** youcanmakeadifference.us  
Person Submitting Proposal: Norma Torres **Position:** President  
**Person Submitting Proposal Email Address:** ycmad2733@gmail.com  
Agency Head: Norma Torres **Agency Head Email:** ycmad2733@gmail.com  
Organization Business Address: P O Box 1050 **City:** Gretna  
State: Florida **Zip:** 32332  
Phone (xxx-xxx-xxxx): 850-408-1483 **Fax:** 850-856-9312  
Cell: 850-408-1483

#### Agency Details

Date of 501(c)(3) Incorporation: 10/11/2011  
Dates of Last Fiscal Year: **Begin:** 01/01/16 **End:** 12/31/16  
Organization Income in Last Fiscal Year: \$29,818.60  
Organization Expenses in Last Fiscal Year: \$28,358.89  
Number of Paid Employees: Full Time: 0 Part Time: 0  
Number of Active Volunteers: 6  
Total Volunteer Hours per Week: 56.00  
How did you learn of the 2009 Florida Animal Friend grant competition? Internet  
Year(s) of previous Florida Animal Friend grants (if

applicable):

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

	Grant #	Proposal Year	Proposal Title	Status
Auto-Generated (Previous Applications):	1388	2014	"Fix your Critters"	Denied
	1694	2017	"NO more unwanted Puppies & Kittens"	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
David Grippe	Treasurer	850-294-1345	Physician
Hermes Borges	Secretary	352-262-6232	Computer Engineer
Norma Torres	President	850-408-1483	Forensic Neuropsychologist
Shyla Williamson	Vice President	850-445-1362	LPN

**Applicant Qualifications**

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

- 45 cats and 95 dogs were admitted.**
- 40 cats and 93 dogs were adopted.**
- 0 cats and 0 dogs were euthanized.**
- 45 cats and 95 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.**

Our organization prides on having formally and actively served this community for the past 7 years. Since inception we have offered low-cost spay and neuter vouchers (co-pays ranging from \$0 to \$50) for dogs up to 50 pounds, with an additional \$10.00 added for dogs over 50 pounds; wellness -yearly vaccination, or Rabies vaccination only co-pays range from \$0 to \$40 without laboratories, with heartworm and fecal testing \$50; emergency veterinary assistance vouchers for animals who are sick or injured co-pays range depending on the presentation as well as resident's ability to contribute. Free transportation is offered to residents who lack transportation to and from the collaborating clinic. This transportation is based on a pre-arranged schedule and pick-up takes place in designated location. This service is only offered to residents who secure their voucher(s) from the organization. Each resident is asked to contribute if they have no financial means we barter. They are assigned a task to perform in the community, task included could be flyer distribution, mowing lawns for an elderly neighbor, performing a chore at one of the collaborating veterinary clinics, etc. Our organization believes in responsible pet guardianship hence there is an intrinsic cost associated with being the guardian of a pet and provisions should be made for the care and wellbeing. Lastly, we offer residents encountering financial hardship and are in need of food for their companion pets the opportunity to receive food for up to three months. If need remains after this initial period, the case is reevaluated and a modest contribution is requested. YCMAD has been offering these services since inception. In the first year we issue less than 100 vouchers, subsequently, the number of vouchers and services increased exponentially. In 2016 we issue 658 spay/neuter/wellness and 150 emergency veterinary assistance vouchers. We provided free transportation to 124 dogs/cats and provided food assistance to 65 families. Scheduling and transportation are often completed by Dr. Torres, Shyla Williamson (Vice-president) and Patricia Howell volunteer.

**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?**

Funding for our initiatives stems primarily from a yearly donation we receive from our founders This funding is supplemented by grants and sporadic donations received from businesses in the community. Experience has taught us that \$5000.00 dollars allow us to issue about 83 vouchers for dogs (males/females) under 50 pounds, with an average cost per surgery of \$60.00. Some of our collaborating clinics have agreed to a fixed rate of \$95 dollars per procedure without discrimination of weight or sex for dogs and \$65 for cats; other clinics used the weight/sex criteria ranging in cost per procedure from \$40 to \$79. Additional funding is needed to satisfy the demand for these services; to prevent euthanasia, and to promote responsible pet guardianship. If the organization was to operate only with funding provided by the founders its ability to satisfy the demand would be severely curtailed. This would be a step backward and a loss of the achievements accomplished since inception.

#### Target Population

Geographical target area (name of city, county, zip codes, geographical Information service (GIS), etc.):	Gadsden Co. Florida, encompassing Quincy, Havana, Chattahoochee, Midway, Greensboro and Gretna
Total human population in target area:	46,389
Percent of residents living below poverty in target area:	27.2%
Estimated number of pet cats in target area (human population divided by 3.3):	14058

Estimated number of pet dogs in target area (human population divided by 4.0):	11598
Estimated number of feral cats in target area (human population divided by 6.0):	7732
Number of cats admitted to animal control shelters in the target area last year (if known)	371
Number of dogs admitted to animal control shelters in the target area last year (if known)	373
Number of cats euthanized in animal control shelters in the target area last year (if known)	371
Number of dogs euthanized in animal control shelters in the target area last year (if known)	373

Please explain if you believe your target area animal population is significantly different than above. The number of animals admitted to animal control services may be higher given the fact that the accounting system is still manual.

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

Abandoned animals that haven't been sterilized are reproducing continuously.

**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?**

The only available services within the target area are private veterinary clinics. These resources are insufficient to satisfy the need due to their high costs for procedures such as spay, neuter, vaccinations, and emergency care.

**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)?**

It is our objective to use these funds to cover veterinary expenses associated with spay, neuter, vaccinations for no less than 80 dogs/cats (or a combination of both).

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

Funds received from co-payment for vouchers are added to grant funds which most likely will result in more than 80 vouchers being issued with grant funding. Direct funding from our organization will allow us to issue a comparable number of vouchers if not more. This will allow to meet the demand for services.

## Methods

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

Recipients must reside in Gadsden Co. Florida. They must be recipients of one of the following government programs: a) State or federally funded welfare program b) Food Stamps c) Medicaid d) Social Security e) SSI Disability f) Unemployment g) Non-commissioned active military h) Extreme medical expense, loss of home due to natural disaster, etc. i) Pay Stub proving income meets state or federal low-income or WIC guidelines

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

We will take advantage of local newspapers, television stations, as well as posting flyers in centrally located areas such as laundromats, medical offices, as well as government offices. In addition, we will advertise using Social Media as well as enlisting the assistance of church ministers to spread the news of this opportunity.

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

Dr. Torres is fluent in Spanish and able to address the Hispanic population in the county. All materials are consistently written at a third grade level with pictorial depictions of the services offered. Our organization has traditionally offered free transportation to/from collaborating clinics to residents who secure vouchers from same and are unable to transport their companion pet to the clinic due to economic hardship, inability to take the day off from work, are elderly or disabled.

**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.**

Residents in need of pet transportation sign a release from liability form. All pets (no more than 5 at a time) are properly placed in secure kennels with their name, address, telephone number, the procedure to be completed. We do not transport pets who display aggressive behaviors either because of fear of strangers or due to temperament. Members involved in pet transport have encountered no incidents in the past 5 years.

Veterinary Services

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

We have established collaboration agreements with several veterinary clinics in the area who provide discounts for the surgeries.

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

**Veterinary Practices**

Practice Name	Address	City	State	Zip	Phone	Lead Practice
Animal Aid Spay/Neuter Clinic	2270 Boone Blvd.	Tallahassee	Florida	32301	850-386-4148	<input checked="" type="checkbox"/>
Cumberland Animal Clinic	5902 Shady Rest Rd	Havana	FL	32333	850-562-0531	<input type="checkbox"/>
Mission of Merci	3505 Montgomery Hwy. St.,5	Dothan	AL	36301	334-792-1600	<input type="checkbox"/>
Winter Animal Hospital	1140 Florida-Georgia Hwy.	Havana	FL	32333	850-562-2777	<input type="checkbox"/>
Wiregrass Spay/Neuter Alliance	570 South Foster St	Dothan	AL	36301	334-671-8111	<input 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="\$20.00"/>	<input type="text" value="\$25.00"/>	<input type="text" value="\$45.00"/>
Range for Female Cats	<input type="text" value="\$30.00"/>	<input type="text" value="\$35.00"/>	<input type="text" value="\$65.00"/>
Range for Male Dogs	<input type="text" value="\$40.00"/>	<input type="text" value="\$35.00"/>	<input type="text" value="\$75.00"/>
Range for Female Dogs	<input type="text" value="\$45.00"/>	<input type="text" value="\$50.00"/>	<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?
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="\$10.00"/>
Other Vaccination if Due	<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="\$30.00"/>
Pain Medication	<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"/>
Parasite Medication	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
HW Testing	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
Feline Leuk/FIV	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
County License	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input 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
Microchip	<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

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:

Most of our collaborating veterinary clinics include pain medication administered during the surgery as part of the cost associated with the surgery. But pain medication after the surgery or what they refer to as "take home" pain medication is not included in the cost of the surgery and represents an additional cost for the pet guardian.

Is this a voucher program? Yes

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

Voucher are issued directly to the clinic once the resident has contacted us. Once we collect information from resident we asked them to secure an appointment with the clinic, is at this time that we issue the voucher to the clinic. On the day of the appointment, clinic completes the assigned portion of the voucher, fax or email the voucher to us, following which we will proceed to issue payment. If we don't hear from the clinic we provide follow-up. If the voucher is not used on the day of the appointment, we contact the resident, give them one more opportunity, if they failed again, no more opportunities are granted.

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

Our collaborating clinics have worked with us for at least more than two years and each one has indicated the number of surgeries they are capable of performing. None of our collaborating clinics is limited to less than 1000 surgeries per year.

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

We use an Excel spreadsheet that indicates the name, address, telephone and economic status of the resident as well as to what clinic did the voucher go, for what procedure (s/n), what was the residents contribution, total cost of the procedure, and final outcome.

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
Allstate Insurance Agency	Will provide clerical support as well as will aid with office supplies required for the promotion of this project.
CopyFax	Will print all required documents free of charge for this project
Pappadakis Dodge Dealership	Will provide office space at least once per month in Quincy, FL to issue vouchers directly to residents

Other Information

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

We will make it possible for low-income residents to spay, neuter and vaccinate their companion pets against Rabies in an effort to curtail the number of animals euthanized in the county and take advantage of the momentum we have already built in this regard.

Budget

**Total number of sterilization surgeries projected:**

**Cats: 40 Dogs: 40**

**Total budget requested (Budget should not exceed \$25,000): \$5,000.00**

**Average cost/surgery projected: \$63.00**



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

Grant monies do not cover the cost of yearly vaccines, microchipping, ear notching, etc. These will be the responsibility of the pet's guardian. Our organization will cover the cost of the Rabies vaccine for those residents who are truly unable to afford the co-pay of \$5.00 for this vaccine.

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

We have allocated a portion of our yearly budget to augment the number of vouchers issued

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

90

Timeline

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

**Projected start date:** 08/01/17/ **Projected end date:** 08/01/18

**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.**

Our organization receives a yearly donation from its founders. This donation is consistently used to issue low-cost spay, neuter, and wellness vouchers to Gadsden Co. residents. While we know we count with this donation we are continuously searching for other organizations to aid us in our mission. Fundraising is very limited and not productive in this area, although we are continuously attempting it and trying to find a way to fundraise to which the community in general would respond.

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 would include the FLORIDA ANIMAL FRIEND SPAY/NEUTER LICENCE PLATE as a logo in each one of the vouchers we issue. In addition, we will include same in flyers promoting this opportunity as well as we could enlarge a License Plate and display it in our adoption booths at Petsmart, Petco, Tractor Supply, and other venues.

