

Grant ID: 1832

**Title of Proposal:** Okeechobee Public Spay Neuter Program

**Agency Type:** Non-Profit

**Total Funding Requested:** \$10,000.00

**Check Payable To:** Operation SOS

## Application Information

### Demographics

**Name of Applicant Agency:** Operation SOS

**Website Address:** <https://www.operationsos.net/>

**Person Submitting Proposal:** Julie Kittams

**Position:** Executive Director

**Person Submitting Proposal Email Address:** OperationSOSFlorida@gmail.com

**Agency Head:** Scott Coccoli

**Agency Head Email:** Scott.Coccoli@hotmail.com

**Organization Business Address:** 9196 SE Karin St

**City:** Hobe Sound

**State:** FL

**Zip:** 33455

**Phone (xxx-xxx-xxxx):** (772)222-7717

**Fax:**

**Cell:** (503)317-4247

### Agency Details

**Date of 501(c)(3) Incorporation:** 07/21/2011

**Dates of Last Fiscal Year: Begin:** 01/01/18 **End:** 12/31/18

**Organization Income in Last Fiscal Year:** \$176,000.00

**Organization Expenses in Last Fiscal Year:** \$155,000.00

**Number of Paid Employees:** Full Time: 2 Part Time: 1

**Number of Active Volunteers:** 3

**Total Volunteer Hours per Week:** 30.00

**How did you learn of the 2009 Florida Animal Friend grant competition?** Word of mouth, Animal Friend License Purchase

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

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

**Auto-Generated (Previous Applications):**

Grant #	Proposal Year	Proposal Title	Status
1832	2019	Okeechobee Public Spay Neuter Program	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
Brian Bohmueller	Vice President	(267)471-0264	Author
Dr. Julie Kittams	Executive Director	(503)317-4247	Veterinarian
Dr. Sara Mathews	Director	(772)567-8468	Veterinarian
Joanne Bury	Treasurer	(772)285-0002	Retired Physical Therapist
Scott Coccoli	President	(772)249-6949	Municipal Employee

**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.**

**1714 cats and 1185 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?**

No

**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.**

We are the only facility that contracts with the City of Fort Pierce, City of Port Saint Lucie and Saint Lucie County to accept/execute their community-funded spay/neuter programs. We are one of three participating Veterinarians in the City of Fort Pierce TNVR program, which to-date, has sterilized over 800 cats in less than two years. These facts support on our dedication, organization and ability to carry out the Okeechobee project.

**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?**

Our program is funded in one of several ways. We have very little outside donations/grants. 1) Community-funded voucher programs, wherein municipalities pay the surgery fee. 2) Income-qualifying owners pay out-of-pocket 3) In Okeechobee, grant funding as available

**Target Population**

<b>Geographical target area (name of city, county, zip codes, geographical information service (GIS), etc.):</b>	Okeechobee County, FL
<b>Total human population in target area:</b>	41605
<b>Percent of residents living below poverty in target area:</b>	21.8
<b>Estimated number of pet cats in target area (human population divided by 3.3):</b>	12608
<b>Estimated number of pet dogs in target area (human population divided by 4.0):</b>	10402
<b>Estimated number of feral cats in target area (human population divided by 6.0):</b>	6935
<b>Number of cats admitted to animal control shelters in the target area last year (if known)</b>	1261
<b>Number of dogs admitted to animal control shelters in the target area last year (if known)</b>	928
<b>Number of cats euthanized in animal control shelters in the target area last year (if known)</b>	919
<b>Number of dogs euthanized in animal control shelters in the target area last year (if known)</b>	157

known)

**Please explain if you believe your target area animal population is significantly different than above.**

N/A

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

The most substantial sources of overpopulation are households that cannot afford the local veterinary hospital pricing for spay/neuter surgery. The second most substantial source of overpopulation is feral cats. Ordinance change may be on the horizon, but not in the near future.

**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 there are four local Veterinary Hospitals providing spay/neuter surgeries. Average cost for surgery at these Facilities, not including the office call fee: Canine spay: \$186 Canine neuter: \$146 Feline spay: \$134 Feline neuter: \$57 Okeechobee county has 21.8% of the population living under the poverty level. Most households are priced-out of caring for their pets.

**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)?

The goals: 1) Continue a program we have already started in Okeechobee, reflecting the same number of cats/dogs we sterilized in 2018 with essentially the same grant funding. 2) Have a two-year data-point to present to the Sheriff's Office and the Board of County Commissioners to create a budget line-item for a Community-funded low-cost spay/neuter program.

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

Okeechobee county has 21.8% of residents living under the poverty level. The current spay/neuter rate is limited to pet owners that can afford one of the four full-service Veterinary hospitals.

## Methods

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

Clients are asked to show proof of enrollment in a Federal program or last year's taxes. Programs we accept: WIC, Food Stamps, Disability, Medicare, Medicaid, Unemployment, Veteran, School Lunch.

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

We already have a network of local advertisers that promote our current outreach dates. Most significantly are Okeechobee Animal Control, Tractor Supply and Trail of Hope (local no-kill dog shelter). These three Organizations have worked closely with us for over a year to promote our public program.

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

We work closely with Okeechobee Animal Control in addressing issues such as transportation. This is a small community, so many of those in need are already recognized by the Officers. We have much of our literature translated in to Spanish. We spend the time to read aloud admission forms and go-home instructions to clients with literary challenges.

### 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.

No

## Veterinary Services

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

We are the provider for spay/neuter surgeries. We schedule clients, answer calls/questions and complete the outreach days. We visit Okeechobee weekly with a mobile spay/neuter van, scheduling an average of 20 surgeries/day.

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

### Veterinary Practices

Practice Name	Address	City	State	Zip	Phone	Lead Practice
Operation SOS	9196 SE Karin St	Hobe Sound	FL	33455	(772)222-7717	<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
Range for Male Cats	<input type="text" value="\$5.00"/>	<input type="text" value="\$25.00"/>	<input type="text" value="\$30.00"/>
Range for Female Cats	<input type="text" value="\$5.00"/>	<input type="text" value="\$25.00"/>	<input type="text" value="\$30.00"/>
Range for Male Dogs	<input type="text" value="\$30.00"/>	<input type="text" value="\$60.00"/>	<input type="text" value="\$90.00"/>

**Range for Female Dogs**

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**  Required  Optional  Not Available

 No  Yes

**Rabies Vaccination if Due**  Required  Optional  Not Available

 No  Yes 
**Other Vaccination if Due**  Required  Optional  Not Available

 No  Yes 
**Pain Medication**  Required  Optional  Not Available

 No  Yes

**Parasite Medication**  Required  Optional  Not Available

 No  Yes 
**HW Testing**  Required  Optional  Not Available

 No  Yes

**Feline Leuk/FIV**  Required  Optional  Not Available

 No  Yes

**County License**  Required  Optional  Not Available

 No  Yes 
**Ear tipping**  Required  Optional  Not Available

 No  Yes

**Microchip**  Required  Optional  Not Available

 No  Yes 
**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:**

N/A

**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
Okeechobee Animal Control	We are the Veterinarian for the Shelter animals, providing spay/neuter services and medical support. We work very closely with the Officers to facilitate getting identified in-need pet owners to our services.
Trail of Hope	This is the only private shelter in Okeechobee. We provide the spay/neuter medical/surgical support for their Shelter animals. The Organization is committed to referring clients to the Program. Their letter of support is under the 'Veterinarian Letters' section. We are collaborating to change the the Okeechobee County feral cat Ordinance. Once changed, our Organization will provide free trap use and Trail of Hope will be the 'library' for traps, along with the cat food bank for community cat caretakers.

## Other Information

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

Operation S.O.S. is committed to finding a long-term solution to the lack of access to low-cost spay/neuter services to Okeechobee residents.

## Budget

**Total number of sterilization surgeries projected:**

**Cats:** 180 **Dogs:** 90

**Total budget requested (Budget should not exceed \$25,000):** \$10,000.00

**Average cost/surgery projected:** \$38.00

**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 only required service not included in the grant is the rabies vaccination. It will be available the day of surgery for an additional \$10.

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

None

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

75%

## Timeline

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

**Projected start date:** 09/15/19/ **Projected end date:** 09/14/20

### **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 were granted \$9k 12/2017 as seed money to start a low-cost spay/neuter program in Okeechobee. Those funds were depleted 10/2018. With those monies we were able to sterilize 83 dogs and 192 cats. We have recently been gifted from a private donor \$4k to continue this project. This grant is predicted to take the program until 9/2019. If we were gifted the Florida Animal Friend grant, it would then create a two-year model project for Okeechobee BOCC. We will request an agenda item with the BOCC, asking for the Program to become a municipal-funded budget line-item. We met with the Sheriff a year ago when we began the program and stated our intention, so the Municipality is aware we are looking to create a permanent 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.**

Operation SOS will promote the Animal Friend Spay/Neuter License Plate program through our website ([www.operationsos.net](http://www.operationsos.net)), Facebook, Twitter presences and in our quarterly newsletter. Additionally, our mobile veterinary van will continue to display proudly its Florida Animal Friend Spay/Neuter License Plate. Our staff can also make available any provided flyers for the program and share information on the program during outreach events.