

Grant ID: 1817

Title of Proposal: It's time to Snip & Snap!

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/Founder

Person Submitting Proposal Email Address: ycmad2733@gmail.com

Agency Head: Norma Torres

Agency Head Email: ycmad2733@gmail.com

Organization Business Address: 2733 Mount Pleasant Rd

City: Quincy

State: FL

Zip: 32352

Phone (xxx-xxx-xxxx): 850-408-1483

Fax: 850-856-9312

Cell: 850-270-8793

Agency Details

Date of 501(c)(3) Incorporation: 10/17/2011

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

Organization Income in Last Fiscal Year: \$45,073.75

Organization Expenses in Last Fiscal Year: \$39,583.24

Number of Paid Employees: Full Time: 0 Part Time: 0

Number of Active Volunteers: 10

Total Volunteer Hours per Week: 60.00

How did you learn of the 2009 Florida Animal Friend grant competition? Prior grantee

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

Previous Florida Animal Friend Applications: Years Funded: 2017 Year(s) denied/incomplete: 2014

Auto-Generated (Previous Applications):

| Grant # | Proposal Year | Proposal Title | Status |
|---------|---------------|--------------------------------------|--------|
| 1388 | 2014 | "Fix your Critters" | Denied |
| 1694 | 2017 | "NO more unwanted Puppies & Kittens" | Funded |
| 1817 | 2019 | It's time to Snip & Snap! | 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 | Forensic Psychiatrist Physician |
| Hermes Borges | Secretary | 352-262-6232 | Comp. Engineer |
| Norma Torres | President | 850-408-1483 | Forensic Neuropsychologist |
| Shyla Williamson | Vice-President | 850-445-0362 | LPN |

Applicant Qualifications

For your organization, in the last complete fiscal year:

45 cats and 135 dogs were admitted.

34 cats and 130 dogs were adopted.

0 cats and 0 dogs were euthanized.

45 cats and 132 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?

1%

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

Puppies who are less than 3 months old are not sterilized.

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

Our adoption contract requires a refundable deposit upon proof of sterilization for puppies under 3 months old.

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 actively served this community for the past 7 years as a formal animal welfare organization. Prior to incorporation we had provided the same services to the community for over 20 years. Since incorporation 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. On 2017, we issued 987 spay/neuter/wellness vouchers, and 145 emergency veterinary assistance vouchers. We provided free transportation to 156 dogs/cats, and provided food assistance to 56 families. The counties we served experienced a catastrophic event October 10, 2018, Gadsden. Liberty, Bay. Jackson Co. among others were devastated by Hurricane Michael. Two days after the event, our organization and its members were on specific locations in each of the cities that comprise Gadsden Co. offering free pet food, flea preventatives, collars, leashes, bed, kennels and other items of need for companion pets as well as household and personal items for their guardians. We extended this service to cities in each of the counties our organization serves. These services were provided until December 15, 2018, and culminated with a "parking lot" event where all residents were invited to stop by to secure available items. Scheduling and transportation is 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. \$5000.00 dollars allows 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 fix 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. FL |
| 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) | 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. N/A | |
| Please explain what you believe are the most substantial sources of dog and cat overpopulation in the target area: Residents inability to financially afford spay neuter vaccination for companion pets create a fertile ground for animal overpopulation. | |
| 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? 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: <input checked="" type="checkbox"/> Pets in low-income families <input type="checkbox"/> Pit Bull / large breed dogs <input type="checkbox"/> TNR managed colonies of feral cats <input checked="" type="checkbox"/> Community cats (free-roaming and/or owned) <input type="checkbox"/> 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)?

Funds will cover veterinary expenses associated with spay, neuter, pain medication and vaccinations for no less than 80 dogs/cats.

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

Co-payment for the vouchers, founder's donation, and grant allocation will allow for a significantly greater number of vouchers to be issued to residents in need.

Methods

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

Applicant 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 this county's Hispanic population. 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.

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.

Guardians will primarily transport pets to veterinary clinics. Transportation services will be offered free of charge to residents with disabilities or those whose ability to be absent from their employment would result in financial hardship. Dogs/cats will be transported in kennels appropriately identified with animals name, guardian's name and telephone. Guardian's will sign a release of responsibility. Training has been provided to volunteers involved in transporting companion pets. No volunteer will transport more than 5 companion pets at any given time.

Veterinary Services

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

We have contacted local veterinarians and agreed on a fee for service basis. We are utilizing private veterinarians as well as the only low-cost spay and neuter center in the area.

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

Veterinary Practices

| Practice Name | Address | City | State | Zip | Phone | Lead Practice |
|------------------------------------|--------------------|-------------|-------|-------|--------------|-------------------------------------|
| Animal Aid Spay and Neuter Center | 2279 Boone Blvd. | Tallahassee | FL | 32303 | 850-386-4148 | <input checked="" type="checkbox"/> |
| Cumberland Animal Hospital | 5902 Shady Rest Rd | Havana | FL | 32333 | 850-562-0531 | <input type="checkbox"/> |
| Winter Animal Hospital | 1140 Havana-Fl Hwy | Havana | FL | 32333 | 850-270-1944 | <input type="checkbox"/> |
| Wiregrass Spay and Neuter Alliance | 570 S 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="\$24.00"/> | <input type="text" value="\$44.00"/> |
| Range for Female Cats | <input type="text" value="\$30.00"/> | <input type="text" value="\$25.00"/> | <input type="text" value="\$55.00"/> |
| Range for Male Dogs | <input type="text" value="\$30.00"/> | <input type="text" value="\$35.00"/> | <input type="text" value="\$65.00"/> |
| Range for Female Dogs | <input type="text" value="\$35.00"/> | <input type="text" value="\$40.00"/> | <input type="text" value="\$75.00"/> |

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 checked="" type="radio"/> Required <input type="radio"/> Optional <input 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="\$5.00"/> |
| Other Vaccination if Due | <input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| 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="\$10.00"/> |
| 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 type="radio"/> Optional <input checked="" type="radio"/> Not Available | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Ear tipping | <input checked="" type="radio"/> Required <input 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 type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$5.00"/> |
| 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:

Cost of surgery is based on sex and weight, there is a range for each procedure. We have provided average costs but these may vary depending on stated factors. YCMAD will cover the difference in cost associated with the rabies vaccine and microchip.

Is this a voucher program? Yes

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

Voucher will be issued upon request by the resident and proof of eligibility for the program is shown/provided. Voucher will have an expiration

date; clinic will receive the voucher with demographics and services to be offered to this client. Clinic's payment for services rendered will be contingent by receipt of completed voucher indicating fees.

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

Our lead clinic Animal Aid Spay and Neuter Center is able to perform 5000+ surgeries per year; Wiregrass perform over 3000 surgeries per year; Cumberland and Winter Animal Clinics perform no less than 2000 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 will use an Excel spreadsheet to report: the number of vouchers issued, clinic providing service, service(s) provided, guardian's contribution and grant cost. We will provide a report of funds disbursement at within six months and a final report at the end of the grant period or when funds are depleted.

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 |
|--------------------------------------|--|
| United Methodist Church Mt. Pleasant | Promotion, fundraising, transportation of companion pets for residents without vehicles. |

Other Information

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

Communities of greater need such as Gretna, FL. as well as Hispanic communities located in Mount Pleasant will benefit of a house to house flyer placement, distribution of vouchers during Soccer games as well as one-to-one interaction during Spanish Church Services.

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.):

Rabies vaccine cost will be covered by funds generated from vouchers co-pays. We will provide residents with the opportunity to secure a microchip to be inserted during surgery with an additional contribution of \$5.00. There will be no charge for the insertion of the microchip. There is no cost associated with ear notching.

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

YCMAD has allocated \$1000.00 to cover costs associated with Rabies vaccine and microchips. Also, incidental additional costs for dogs who present as cryptorchid at the time of surgery, or any other complication that may arise and guardian/owner is unable to cover the additional expense.

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

3/4

Timeline

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

Projected start date: 06/01/19/ **Projected end date:** 06/01/20

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.**

Fundraisers, year-round we sell T-shirts funds related to this activity are used for the spay-neuter activity. Fundraisers used shoe collection at different venues. Shoes are sold to another non-profit organization. Funds received from this fundraiser are allocated to provide vouchers for vaccination. Donations/sponsorships, currently we receive \$3000.00 dollars on an annual basis which are allocated to provide emergency veterinary assistance vouchers.

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.**

A press release will be provided to local newspapers noting grant received from Florida Animal Friends. We will also make note of grant support on each of the vouchers provided with these funds and will publicize in our website, Facebook, Twitter pages. Collaborating veterinary clinics will display promotional materials associated with the License Plate.