

Grant ID: 1955

**Title of Proposal:** 2020 Pandemic Relief**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:** www.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:** 2733 Mount Pleasant Rd**City:** Quincy**State:** FI**Zip:** 32352**Phone (xxx-xxx-xxxx):** 850-408-1483**Fax:** 850-856-9312**Cell:** 850-408-1483

## Agency Details

**Date of 501(c)(3) Incorporation:** 10/17/2011**Dates of Last Fiscal Year: Begin:** 01/01/20 **End:** 12/31/20**Organization Income in Last Fiscal Year:** \$0.00**Organization Expenses in Last Fiscal Year:** \$0.00**Number of Paid Employees:** Full Time: 0 Part Time: 0**Number of Active Volunteers:** 5**Total Volunteer Hours per Week:** 60.00**How did you learn of the 2009 Florida Animal Friend grant competition?** Internet, prior grantee**Year(s) of previous Florida Animal Friend grants (if applicable):****Previous Florida Animal Friend Applications:** Years Funded: 2019,2017 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
1955	2021	2020 Pandemic Relief	Funded

## Describe your Organization:

## Services Provided

- Open Admission Intake Shelter
- Limited Intake Shelter
- Foster Network
- Animal Control

## Organization Structure:

- City, county, or tribal agency
- Private nonprofit agency
- TNR Group
- Rescue Group

Spay/Neuter Services

Other

Other

**List your current board of directors:**

Name	Title	Phone	Occupation
David Grippe	Treasurer	850-294-1345	Forensic Psychiatrist
Hermes Borges	Secretary	352-262-6232	Comp. Engineer
Norma Torres	President	850-408-1483	Neuropsychologist
Shyla Williamson	Vice President	850-445-0362	LPN

**Applicant Qualifications**

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

**68 cats and 205 dogs were admitted.**

**60 cats and 197 dogs were adopted.**

**0 cats and 0 dogs were euthanized.**

**68 cats and 205 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.**

YOU CAN MAKE A DIFFERENCE, INC "2020 Pandemic Assistance" embraces Florida Animal Friend, Inc.'s mission of saving lives by supporting free and low-cost spay/neuter services. OUR spay/neuter initiatives have and will continue to leverage our high visibility in Gadsden County and adjacent neighborhoods to connect low-income and spay/neuter resistant/concerned pet owners with free/low-cost high-quality pet sterilization services to close the gap between available resources and community need. Our board and volunteers have embraced the initiative to put an end to the euthanasia of highly adoptable pets through adoption, spay/neuter, and humane education. Our President/Director, Norma Torres, will serve as the "2020 Pandemic Assistance" Project Director, ensuring that YCMAD complies with all performance and reporting requirements. Norma holds a Doctoral degree in Neuropsychology, an M.S. in Clinical Psychology, and a B.S. in Psychology/Biology from the University of Puerto Rico. Norma has extensive management/supervisory/direct care experience and is this experience and commitment to the wellbeing of animals/humans that will help YCMAD efficiently and effectively implement the "2020 Pandemic Assistance" project. One of our spay/neuter surgery providers, ANIMAL AID SPAY AND NEUTER CLINIC, employs highly-trained veterinary surgeons and has the capability to perform more than 5,000 surgeries per year. Cumberland Animal Clinic owner and veterinarian Dr. David Simmons embodies the love, compassion, and skill desired in a veterinarian, as does Dr. Winters from Winters Animal Clinic both have become advocates of our spay/neuter initiatives and have provided YCMAD with a price reduction in order to allow for more vouchers to be issued. Collaboration with the above-mentioned clinics has allowed us to perform in excess of 250 spay/neuter surgeries in the years 2019, 2017, 2014, 2013, and 2012.

**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?**

YCMAD's current sterilization program is a two-tier program: one targeted at the animals under our care/adoption program that are rescued from the streets or surrendered by their owners, and secondly, we target low-income residents who are unable to afford to spay or neuter their companion pets due to financial limitations. Animals in our care/adoption program are usually "intact" when they come into our program, and providing spay/neuter surgeries for these animals (50-60 on a regular year) requires the use of at least 1/3 of our yearly budget. 2/3 of our budget goes to provide free/low-cost spay-neuter vouchers to residents in our community. Since the inception of our no more unwanted puppies and kittens initiatives, we have seen and statistics reveal a significant decrease in the number of animals euthanized in our county. To take advantage of this momentum we need to continue to provide outreach to our low-income community residents and address the cultural variables that prevent spay-neuter resistant members from benefiting from this service. We also need to address those members of our community who may not be persuaded to sterilize their pet unless the service is provided free of charge.

## Target Population

<b>Geographical target area (name of city, county, zip codes, geographical information service (GIS), etc.):</b>	Gadsden Co. FL
<b>Total human population in target area:</b>	45660
<b>Percent of residents living below poverty in target area:</b>	19.7
<b>Estimated number of pet cats in target area (human population divided by 3.3):</b>	13837
<b>Estimated number of pet dogs in target area (human population divided by 4.0):</b>	11415
<b>Estimated number of feral cats in target area (human population divided by 6.0):</b>	7610
<b>Number of cats admitted to animal control shelters in the target area last year (if known)</b>	n/a
<b>Number of dogs admitted to animal control shelters in the target area last year (if known)</b>	n/a
<b>Number of cats euthanized in animal control shelters in the target area last year (if known)</b>	n/a
<b>Number of dogs euthanized in animal control shelters in the target area last year (if known)</b>	n/a
<b>Please explain if you believe your target area animal population is significantly different than above.</b> Not at this time.	
<b>Please explain what you believe are the most substantial sources of dog and cat overpopulation in the target area:</b> Absence of reasonable priced veterinary services create a fertile ground for animal overpopulation as animal owners are unable due to financial constraints to secure this service.	
<b>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?</b> Available services are only via a private veterinary clinic where the cost to spay a cat ranges from \$75 to \$125, and for dogs the range is from \$165 to \$250. The closest low-cost clinic is about one hour away and many of the residents lack transportation,	
<b>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(s) of the spay/neuter project proposed for this grant:</b> <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?

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)?**

Funds will be used to cover the cost associated with spay, neuter, pain medication, and vaccination for no less than 80 dogs/cats

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

Co-payment (if any) for the vouchers, founders 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?**

Applicants must be Gadsden Co. residents, receive benefits from a government program, i.e. Social Security, Food Stamps, etc. Active military, extreme medical expenses, loss of home due to unforeseen circumstances.

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

Promotional material will be posted on frequently visited locations in the county, advertisements in local newspapers, advertisements in Social Media, and postings in community bulletin boards as well as community boards in local television stations.

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

Our organization organizes free transportation to and from veterinary clinics. All promotional materials are written at a third grade level in both English and Spanish.

**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 be primarily responsible for transporting their companion pets. Nonetheless, transportation will be provided free of charge to residents with disabilities, or those who would jeopardize their jobs by requesting a day off, and/or those without vehicles.

## Veterinary Services

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

We will continue to collaborate with veterinary clinics that have provided reduced fees for services offered. This includes private veterinarians as well as a low-cost spay and neuter clinic 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	2270 Boone Blvd	Tallahassee	FL	32303	850-386-4148	<input checked="" type="checkbox"/>
Cumberland Animal Clinic	5902 Shady Rest Rd	Havana	FL	32333	850-562-0531	<input type="checkbox"/>
Winter Animal Hospital	1140 Havana-FI Hwy	Havana	FI	32333	850-270-1944	<input type="checkbox"/>
Wiregrass Spay and Neuter Alliance	570 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, which is required) and not for other items such as testing, licensing, and capital purchases. However, \$2 per animal of grant funds can be used for rabies vaccination.

	Amount Paid by Client	Amount Paid by Project	Total Amount
<b>Range for Male Cats</b>	<input type="text" value="\$5.00"/>	<input type="text" value="\$29.00"/>	<input type="text" value="\$34.00"/>
<b>Range for Female Cats</b>	<input type="text" value="\$5.00"/>	<input type="text" value="\$42.50"/>	<input type="text" value="\$47.50"/>
<b>Range for Male Dogs</b>	<input type="text" value="\$5.00"/>	<input type="text" value="\$69.50"/>	<input type="text" value="\$74.50"/>
<b>Range for Female Dogs</b>	<input type="text" value="\$5.00"/>	<input type="text" value="\$70.00"/>	<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?
<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="\$5.00"/>
<b>Other Vaccination if Due</b>	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Pain Medication</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>Parasite Medication</b>	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>HW Testing</b>	<input type="radio"/> Required <input checked="" type="radio"/> Optional <input 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 type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
<b>Ear tipping</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>Microchip</b>	<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"/>
<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 which is required and \$2 per animal for rabies vaccination.**

**If necessary, please explain the procedures and fees described above:**

Surgery cost is based on sex/weight. There is a range for each procedure for dogs. We provided average costs. 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?**

Vouchers are issued upon request, prior evaluation of qualifications evaluated. All vouchers have an expiration date, voucher form includes residents' demographics and services to be provided. The clinic's payment is rendered when the receipt for completed services is provided.

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

Animal Aid performs over 5000 surgeries per year Cumberland and Winter over 1500 surgeries per year Wiregrass performs over 3000 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 containing the guardian's name, name of animal receiving service, species, the procedure to be performed, the guardian's contribution, and grant's contribution. This allows us to continuously manage available funds and monitor the number of surgeries and associated services provided.

**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
Glen Julia Methodist Church	Services promotion and transportation assistance
Patricia Howell	Voucher distribution Pick up and transportation to veterinary clinic

**Other Information**

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

Communities with greater need such as Mount Pleasant, Gretna, and Midway as well as predominantly Hispanic communities will benefit from receiving flyers promoting services offered (Hispanic communities will benefit from the information in Spanish). Vouchers will also be offered during Soccer games held by Hispanic communities.

**Budget**

**Total number of sterilization surgeries projected:**

**Cats:** 50 **Dogs:** 50

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

**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.):**

Rabies vaccine cost will be partly covered by funds generated from co-pays for vouchers. YCMAD will provide residents with the opportunity to secure a microchip to be inserted during surgery, contribution if able will be \$5.00. There will be no charge associated with ear tipping or microchip insertion.

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

YCMAD has allocated \$1000 from the yearly budget to cover costs associated with Rabies/Microchips. Incidental costs associated with surgery, i.e. cryptorchid or any other complication that may arise at the time of surgery and which the guardian is unable to cover will be cover by this fund.

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

3/4

/td>

**All projects must be completed within 12 months of receipt of funding, with the final report submitted no later than September 1 of the following year.**

**Projected start date:** 03/01/21/ **Projected end date:** 03/01/22

**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 benefits from a yearly donation from its founders in the amount of \$5000.00. In addition, we conduct fundraisers throughout the year which usually bring in about \$4000.00. Donations and sponsorships are minimal rendering \$1000.00 these donations 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 receipt from Florida Animal Friends. We will also promote Florida Animal Friends on our Facebook page, organization's website, Instagram, and Twitter. In addition, we will acknowledge receipt of funding in vouchers issued as well as in all materials associated with funding from Florida Animal Friends.

**Number of FAF specialty plates on vehicles of staff and/or volunteers:**