

Grant ID: 2101

**Title of Proposal:** Precious Pets Spay and Neuter Program

**Agency Type:** Non-Profit

**Total Funding Requested:** \$25,000.00

**Check Payable To:** Paws 2 Help

## Application Information

### Demographics

**Name of Applicant Agency:** Paws 2 Help

**Website Address:** <https://www.paws2help.org>

**Person Submitting Proposal:** Mary Contessa

**Position:** President

**Person Submitting Proposal Email Address:** mcontessa@dbmscpa.com

**Agency Head:** Evan Blair, DVM

**Agency Head Email:** mcontessa@dbmscpa.com

**Organization Business Address:** 2693 Forest Hill Blvd, W. Palm Beach

**City:** West Palm Beach

**State:** FL 33406

**Zip:** 33406

**Phone (xxx-xxx-xxxx):** 561-712-1911

**County:** Palm Beach County

**Cell:** 561-906-3236

**Fax:**

### Agency Details

**EIN:** 65-0618157

**Date of 501(c)(3) Incorporation:** 09/20/1995

**Dates of Last Fiscal Year: Begin:** 07/01/22 **End:** 06/30/23

**Organization Income in Last Fiscal Year:** \$5,995,000.00

**Organization Expenses in Last Fiscal Year:** \$5,650,000.00

**Number of Paid Employees:** Full Time: 45 Part Time: 10

**Number of Active Volunteers:** 0

**Total Volunteer Hours per Week:** 0.00

**How did you learn of the 2009 Florida Animal Friend grant competition?** I purchased a license plate when I renewed my registration.

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

**Previous Florida Animal Friend Applications:** Years Funded: 0 Year(s) denied/incomplete: 0

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

Grant #	Proposal Year	Proposal Title	Status
1482	2015	Friends of LIFE	Funded
1629	2006		Denied
1630	2007		Funded
2101	2024	Precious Pets Spay and Neuter Program	Funded

**\*Type of Organization (check all that apply):**

- Municipal Animal Shelter
- Private Animal Shelter
- Private Animal Shelter with Municipal Contract
- Public Spay/Neuter Services
- Other Public Veterinary Services
  - Private Non-Profit Agency
    - TNR Group
    - Rescue Group
- Other

**List the current board of directors of your nonprofit organization (Not required of governmental agency):**

Name	Title
Edith Pecan	Secretary
Evan M. Blair DVM	Vice President
Mary L. Contessa CPA	President

**Applicant Qualifications**

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

**320 cats and 400 dogs were admitted.**

**12 cats and 7 dogs were adopted, transferred, or other live outcome.**

**170 cats and 380 dogs were euthanized.**

**919 cats and 1732 dogs were sterilized.**

**Briefly describe your animal programs:**

- Stray/lost pet intake
- Owner surrendered animals
- Lost and found program
- Adoption program
- Foster program
- Food bank
- Behavior counseling
- Disaster services
- Wellness services to understand pet owners
- Cruelty investigation
- Enforcement of ordinances
- Volunteer program
- High volume spay/neuter clinic
- Full service wellness clinic

**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 capacity to carry out this program.**

Low cost preventative spay/neuter/medicine programs at a fraction of the cost low income families would be facing in private practice. With our two clinics, one in West Palm Beach and the other in Jupiter and currently over 12 full-time doctors as well as talented support staff

**Florida Animal Friend grants are for low-cost and/or no-cost spay/neuter programs; If you currently have such a program, please describe**

We offer low-cost pay and neuters to the general public as well as a feral sterilization program for trap and release felines we offer no cost surgery for low income families that qualify.

**Number of animals sterilized in that program in the past year:**

**Cats:** 919 **Dogs:** 1732

### Target Population

<b>Geographical target area (name of city, county, zip codes, etc. Be as specific as possible.):</b>	Palm Beach, Broward, Martin, Glades, Hendry
<b>Total human population in target area:</b>	3,600,000
<b>Percent of residents living below poverty in target area:</b>	9%
<b>Estimated number of pet cats in target area (human population divided by 3.3):</b>	1090910
<b>Estimated number of pet dogs in target area (human population divided by 4.0):</b>	900000
<b>Estimated number of free-roaming community cats in target area (human population divided by 6.0):</b>	600000
<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>	n/a
<b>Please explain what you believe are the most substantial sources of dog and cat overpopulation in the target area:</b>	Private veterinarians are too expensive for many families to spay and neuter their pets.
<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>	There are a few non profits that provide free or low cost spay or neuter services but there can be a wait time of months before an appointment is available.

**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:**

**Pets in low-income families**  **Large mixed-breed dogs**  **Trap-Neuter-Return of free-roaming community cats. EAR-TIPPING IS REQUIRED**  **Other**

## Objectives

**What do you hope to accomplish with these funds (objectives should be specific and quantifiable)?**

Our non profit will use the Grant to subsidize free spay and neuter services to the public. We have 2 clinics with a full time surgeon in each facility. They are each available 5 days a week.

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

We will advertise that we have been the recipient of a Grant that will enable us to provide free spay and neuter services to the public. Again, many families can't afford to spay and neuter their pet in the current high inflation economic environment.

## Methods

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

We will require the pet owner to show some form of proof that they are low income or under difficult economic hardship.

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

We current mail out monthly coupons in targeted areas as well as social media, website and Google searches. We will inquire into public service advertising on TV and radio.

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

We could offer free transportation by a pet taxi. Many of our staff speak Spanish as many of our clients do not speak or understand English. We have a Powerpoint presentation in our waiting room to educate our clients on the need to spay, neuter, vaccinate and provide prevention for certain diseases.

**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.**

At this time the client would provide the transportation but we have provided transportation to individuals that needed it. The taxi has their own insurance.

## Veterinary Services

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

We have 2 full-time surgeons. (One in each clinic)

Are they:  In-House Veterinarian  Outside Clinic  Combination

**Participating veterinary practices if surgeries will not be performed in-house:**

**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.**

	<b>Amount Paid by Client</b>	<b>Amount Paid by Project</b>	<b>Total Amount</b>
<b>Range for Male Cats</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$86.86"/>	<input type="text" value="\$86.86"/>
<b>Range for Female Cats</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$86.86"/>	<input type="text" value="\$86.86"/>
<b>Range for Male Dogs</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$99.03"/>	<input type="text" value="\$99.03"/>
<b>Range for Female Dogs</b>	<input type="text" value="\$0.00"/>	<input type="text" value="\$99.03"/>	<input type="text" value="\$99.03"/>

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

<b>Required, Optional, or Not Offered</b>	<b>Fee to Client?</b>
<b>Examination</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="\$20.00"/>
<b>Rabies Vaccination if Due</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>Other Vaccination if Due</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="\$10.00"/>
<b>Pain 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>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 type="radio"/> No <input checked="" type="radio"/> Yes <input type="text" value="\$2.00"/>
<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 checked="" type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes

**\* = REQUIRED by grant**

**None of the anticipated grant funds can be used for any of the above services, except for mandatory pain medication, ear-tipping and \$2 per animal for rabies vaccination.**

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

Any services other than the spay or neuter will be charged to the owner to the extent they can afford such services.

**Is this a voucher program?** No

**If so, how will you assure utilization of 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 number redeemed for spay/neuter surgeries?**

## Community Collaboration

Florida Animal Friend values community/inter-agency collaboration. 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
Heaven's Gate Animal Sanctuary, Inc.	We will provide spay and neuter services to them at a reduced cost.
Palm Beach County Animal Control	They will refer owners to us if they can not provide timely services
Peggy Adams	They will refer owners to us if they can not provide timely services.
Second Chance Rescue	We will provide spay and Neuter services to them at a reduced cost.

## 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 reach out to all neighboring counties to spread the word of the opportunity to have their pets spayed or neutered at a greatly reduced cost or free if they qualify.

## 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.):**

We have received Grants from private foundations and accept contributions from individuals and businesses. Vaccines and microchipping will be paid for using these funds.

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

Private Foundation Grants Great Charity Challenge Bequests and Legacy gifts

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

65%

**Timeline**

**PROJECTS CANNOT BEGIN UNTIL GRANT FUNDS ARE RECEIVED, usually before September 1.**

**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:** 09/01/24/ **Projected end date:** 08/31/25

**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 have engaged a Grant Writing company that applies for Grants through out the year. We also operate 2 full service veterinary clinics in Palm Beach County. Total revenue exceeds \$6 million each year.

**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 post The Florida Animal Friend Grant on our website and in our clinics along with including it in the coupons mailed out to target areas each month. Approximately 150 pet owners visit our clinics each day where we have the promotional materials.**

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

**8**