

Grant ID: 2318

Title of Proposal: Pet Pal Spay/Neuter Grant**Agency Type:** Non-Profit**Total Funding Requested:** \$25,000.00**Check Payable To:** Pet Pal Rescue inc

Application Information

Demographics

Name of Applicant Agency: Pet Pal Rescue inc**Website Address:** https://petpalanimalclinic.com/**Person Submitting Proposal:** Becky Bunch**Position:** HR/Accounting**Person Submitting Proposal Email Address:** accounting@petpalanimalshelter.com**Person Submitting Proposal Cell:** 727-424-0261**Organization Head:** Scott Daly**Organization Head's Email:** scott@petpalanimalshelter.com**Organization Business Address:** 405 22st St S**City:** St. Petersburg**State:** FL**Zip:** 33712**Organization Business Phone (xxx-xxx-xxxx):** 727-328-7729**County:** Pinellas**Organization Head's Cell:** 727-385-8025

Agency Details

EIN: 59-2967819**Date of 501(c)(3) Incorporation:** 01/01/1990**Dates of Last Fiscal Year:** **Begin:** 01/01/24 **End:** 12/31/24**Organization Income in Last Fiscal Year:** \$2,976,199.00**Organization Expenses in Last Fiscal Year:** \$2,868,973.00**Number of Paid Employees:** Full Time: 22 Part Time: 8**How did you learn of the 2009 Florida Animal Friend grant competition?** Received email regarding grant opportunity**Year(s) of previous Florida Animal Friend grants (if applicable):****Previous Florida Animal Friend Applications:** Years Funded: 2 Year(s) denied/incomplete: 0**Auto-Generated (Previous Applications):**

Grant #	Proposal Year	Proposal Title	Status
1759	2018	Beat the Heat - Spay and Neuter Can't Be Beat	Funded
2123	2023	Spay n Neuter Extravaganza	Funded
2318	2025	Pet Pal Spay/Neuter Grant	Funded

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

- ☐ Municipal Agency with Shelter
☐ Municipal Agency without Shelter
☐ Private Animal Shelter
☐ Private Animal Shelter with Municipal Contract
☐ Public Spay/Neuter Services
☒ Other Public Veterinary Services
 Non-profit Agency
 ☐ TNR Group
 ☐ Rescue Group
☐ Other

List the current President of your nonprofit organization (Not required of governmental agency):

Name	Title
Ron Bittaker	President

Applicant Qualifications

For your organization, in the last complete fiscal year:

10 cats and 20 dogs were admitted.

0 cats and 20 dogs were adopted, transferred, or other live outcome.

0 cats and 20 dogs were euthanized.

0 cats and 20 dogs were sterilized.

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.

We have a surgical veterinarian that will handle all of the surgeries as well as any additional exams and treatment as needed. Florida Animal Friend grants are for low-cost and/or no-cost spay/neuter programs.

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 do have a low-cost program at our clinic that anyone can utilize. We also work with local rescues to provide low-cost spay and neuter services. Number of animals sterilized in that program in the past year:

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

Cats: 1356 Dogs: 1116

Target Population

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
 ☐ S/N services where demand exceeds current resources.
 ☐ Other

Geographical target area (name of city, county, zip codes, etc. Be as specific as possible.):

St Petersburg, Clearwater, Seminole, Pinellas Park, Kenneth City, Largo

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

Lack of education of pet owners about the age when pets are able to become pregnant or impregnate. Lack of funds to get their pets fixed. Apathy about the number of unwanted pet pregnancies and belief that all kittens and puppies will find homes. Thought process that kittens and puppies are money making endeavors. Belief that all animals should have at least one litter. People seem unaware of

the number of animals euthanized due to overpopulation. Male dog and cat owners believe that it is okay for the male to be intact and that the female pet is the one that should be spayed.

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?

We do have a number of low-cost clinics in the area. Even with these clinics there are still many people who cannot afford to get their pets sterilized or are unwilling to pay the fee for the sterilization. All agencies struggle with finding funding to meet the needs of our population.

Objectives

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

We want to spay and neuter a combination of dogs and cats. We would like to spay or neuter 40 owned cats or kittens. We would like to spay or neuter 100 dogs or puppies. We would also like to spay or neuter 200 feral cats.

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

As these surgeries would be free to the client, we will be reaching a population that rarely is able to pay for sterilization of their pets. This will increase by 340 pets being sterilized above our normal baseline for these surgeries.

Methods

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

Clients must prove they are low-income by providing documentation as follows: WIC, Food Stamps, Disability, Medicare, Medicaid, Unemployment, Veteran. For the feral cats, we will work with other local non-profits that will trap and transport the cats to and from our facility.

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

We will utilize our social media platforms as well as our website to promote the program. We will also post information about the program at our clinic, shelter and thrift store. We will also request that the radio station that does free advertising for us put the information in their broadcast.

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

We have multiple bi-lingual employees to help with language barriers, we are on a main bus line, and we will work with several area rescues that offer transportation. We also give detailed verbal instructions as well as written instructions for each surgery.

Does this project involve the transportation of animals by someone other than the client? If so, describe.

Typically, this is not the case. The occasional family member, friend or local rescue may be used. If this is necessary, we will work with both the transporter and the owner to ensure that all appropriate post-surgical information is understood.

Veterinary Services

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

We have 3 veterinarians on staff, and they will handle all of the procedures.

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. This includes pain medication, ear tipping, and \$ 2 per animal for rabies vaccinations. Costs for licensing, testing, transport, etc. are not to be paid for with grant funds.

	Amount Paid by Client	Amount Paid by Project	Total Amount
Range for Male Cats	<input type="text" value="\$0.00"/>	<input type="text" value="\$35.00"/>	<input type="text" value="\$35.00"/>
Range for Female Cats	<input type="text" value="\$0.00"/>	<input type="text" value="\$35.00"/>	<input type="text" value="\$35.00"/>
Range for Male Dogs	<input type="text" value="\$0.00"/>	<input type="text" value="\$100.00"/>	<input type="text" value="\$100.00"/>
Range for Female Dogs	<input type="text" value="\$0.00"/>	<input type="text" value="\$100.00"/>	<input type="text" value="\$100.00"/>

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 checked="" type="radio"/> No <input type="radio"/> Yes
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="\$25.00"/>
Pain Medication*	<input checked="" type="radio"/> Required <input type="radio"/> Optional <input type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes
Parasite Medication	<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="\$25.00"/>
HW Testing	<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="\$25.00"/>
Feline Leuk/FIV	<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="\$25.00"/>
County License	<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="\$22.00"/>
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="\$20.00"/>
Other	<input type="radio"/> Required <input type="radio"/> Optional <input checked="" type="radio"/> Not Available	<input checked="" type="radio"/> No <input type="radio"/> Yes

*** = REQUIRED by grant**

Grant funds cannot be used for the above services except for pain medication, ear tipping, and \$2 per animal for rabies vaccination.

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

All pets will receive a pre-surgery exam, rabies vaccine if needed, and pain medication. These items are included in the cost of the procedure. Dogs will also receive an E-collar. Ear tipping required for feral cats only. Owned cats may choose to have the cat ear tipped.

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
Cat Trap Fever	This organization will bring in pets when there is a transportation issue. They will also bring in all of the feral cats to us.

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 take clients in on a first come basis for applications. We will limit the number of pets to two per family household. Clients will fill out paperwork and then we will verify their information. At that time, we will call to schedule them in for their pet's surgery. We will track the number of surgeries completed to ensure that we meet the goals of the grant.

Budget

Total number of sterilization surgeries projected:

Cats: 240 **Dogs:** 100

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

Average cost/surgery projected: \$74.00

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

Pet Pal will host a fundraiser to cover the cost of pain medications, e-collars and rabies vaccinations.

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

98

If not 100%, please elaborate.

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: 07/31/25/ **Projected end date:** 07/30/26

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 identified a number of committed donors who are supportive of spay/neuter. We will feature special appeals and social media outreach during spay/neuter awareness month.

Promotion of Florida Animal Friend Spay/Neuter License Plate

***Applicants selected for funding are expected to actively publicize their grant in support of their spay/neuter program and promote the sale of the Animal Friend license plate. Publicity efforts should include press releases, newsletters, website links, and social media posts, among other strategies. Florida Animal Friend's marketing firm will provide assistance and advice, and partner with your organization to achieve coverage. 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 as part of their reporting obligations.**

We will promote the Animal Friend Spay/Neuter License Plate program through our website, Facebook, Twitter and Instagram. Our transport van and box truck both have the Spay/Neuter tag. Seven of our staff and thirteen of our volunteers have the Spay/Neuter tag.

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

20