

Grant ID: 2456

**Title of Proposal:** Preventing the next litter**Agency Type:** Non-Profit**Total Funding Requested:** \$25,000.00**Check Payable To:** Sheltering Hands, Inc

## Application Information

## Demographics

**Name of Applicant Agency:** Sheltering Hands**Website Address:** 10397 N US Hwy 27**Person Submitting Proposal:** Elena Goulet**Position:** Secretary**Person Submitting Proposal Email Address:** info@shelteringhands.org**Person Submitting Proposal Cell:** 352-840-0663**Organization Head:** April LeSage**Organization Head's Email:** shed@shelteringhands.org**Organization Business Address:** 10397 N US Hwy 27**City:** Ocala**State:** FL**Zip:** 34482**Organization Business Phone (xxx-xxx-xxxx):** 352-840-0663**County:** Marion**Organization Head's Cell:** 352-362-3370

## Agency Details

**EIN:0% "> EIN:** 20-8941924**Date of 501(c)(3) Incorporation:** 09/09/2007**Dates of Last Fiscal Year: Begin:** 04/01/24 **End:** 03/31/25**Organization Income in Last Fiscal Year:** \$1,407,185.00**Organization Expenses in Last Fiscal Year:** \$825,794.00**Number of Paid Employees:** Full Time: 5 Part Time: 13**How did you learn of the 2009 Florida Animal Friend grant competition?** past applicant**Year(s) of previous Florida Animal Friend grants (if applicable):****Previous Florida Animal Friend Applications:** Years Funded: 2009,2012,2014,2016,2018,2020,2024 Year(s) denied/incomplete: 2011,2022,2023**Auto-Generated (Previous Applications):**

| Grant # | Proposal Year | Proposal Title                                     | Status |
|---------|---------------|----------------------------------------------------|--------|
| 111     | 2009          | Levy County TNR and Low Income Spay/Neuter Program | Funded |
| 214     | 2011          | Community Cat Cooperative                          | Denied |
| 326     | 2012          | Community Cats Program                             | Funded |
| 1424    | 2014          | Community Cats TNR Program                         | Funded |

|      |      |                            |                        |
|------|------|----------------------------|------------------------|
| 1663 | 2016 | Community Cats Program TNR | Funded                 |
| 1777 | 2018 | Community Cats Spay/Neuter | Funded                 |
| 1914 | 2020 | The Fix is In Marion       | Funded                 |
| 2079 | 2022 | Free Feral Fix             | Denied (not completed) |
| 2142 | 2023 | Tip to Tails               | Denied                 |
| 2237 | 2024 | No more litters            | Funded                 |
| 2456 | 2026 | Preventing the next litter | 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     |
|---------------|-----------|
| Leslie Hinson | President |

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

**259 cats and 0 dogs were admitted.**

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

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

**4304 cats and 0 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.**

Sheltering Hands has 2 veterinarians that perform spay/neuter surgery and 3 veterinarians that fill in for vacations or to schedule additional surgery days on weekends as needed.

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

Sheltering Hands has a low cost spay/neuter program that offers sterilization surgery for cats in addition to rabies, fvrpc and flea control for the cost of \$70 per cat. We also provide wound care and other services for the cat to have the best quality of life.

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

**Cats: 4304 Dogs: 0**

**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.):**

Marion, Lake, Sumter, Levy, Dixie and Putnam counties

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

Marion County Animal services estimates that there are 250,000 community cats in Marion County alone. Sheltering Hands receives numerous calls from other counties within an hours driving distance from our facility looking for spay/neuter assistance due to extremely limited resources.

**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?**

Marion County has the most resources available in our target areas with Marion County Animal Services, VOCAL, Humane Society of Marion County and Sheltering Hands all offering free or low cost services. Lake County animal services has reduced their voucher program from 10 to 3 cats per month and requires a class each time to get a voucher. Dixie, Putnam and Levy county are extremely limited. Fix Them All works hard to provide as many voucher as possible in those counties to assist individuals with getting cats fixed.

## Objectives

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

Sheltering Hands wish to provide surgery spots for individuals who cannot afford the \$70 fee for surgery. All community cats will be eartipped. We seek to increase our surgery count by 500 cats.

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

We will be able to offer surgery options to individuals who will not be able to afford to sterilize community cats or owned pets. We have the capacity to schedule surgery days that are in addition to our normal surgery days.

## Methods

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

Individuals with community/owned cats in the counties listed on our request. Individuals provide name and address at request for appointment.

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

We will advertise via facebook and our website. Additionally, we provide information to inbound callers that ask for assistance.

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

We have Spanish speaking volunteers who can assist with language barriers. We have several publications that are available regarding the health benefits of the spay/neuter for the cat.

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

no

## Veterinary Services

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

We have two inhouse veterinarians and we have agreements with other veterinarians that provide coverage for vacations. These veterinarians are also willing to add additional shifts if needed.

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="\$20.00"/> | <input type="text" value="\$50.00"/> | <input type="text" value="\$70.00"/> |
| Range for Female Cats | <input type="text" value="\$20.00"/> | <input type="text" value="\$50.00"/> | <input type="text" value="\$70.00"/> |
| Range for Male Dogs   | <input type="text" value="\$0.00"/>  | <input type="text" value="\$0.00"/>  | <input type="text" value="\$0.00"/>  |
| Range for Female Dogs | <input type="text" value="\$0.00"/>  | <input type="text" value="\$0.00"/>  | <input type="text" value="\$0.00"/>  |

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 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 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 type="radio"/> Optional <input checked="" 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="\$30.00"/> |
| <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 type="radio"/> Required <input checked="" 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 type="radio"/> Yes                                                 |
| <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                                      |

**\* = 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:**

Due to the number of people that no show for appointments, we have started to required a \$20 non refundable deposit. We and our fellow spay/neuter organizations has experienced no-show as an ongoing issue when offering free surgery. We have all chosen a form of deposit for free surgery as a way to not waste funds and surgery spots. We will provide a microchip at no charge should the client elect this option.

**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     |
|--------------------------------|--------------------------|
| Fix Them All                   | Letter of Recommendation |
| Marion County Animal Services  | Letter of recommendation |
| Voices of Change Animal League | Letter of Recommendation |

## Other Information

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

Being able to offer extremely low cost spay/neuter options to individuals especially in counties with limited resources we expect to reduce the birth rate of unwanted kittens. We have list of large colonies (10 or more) in Marion County that are in need of spay/neuter services and we would like to tackle fixing the entire colony.

## Budget

**Total number of sterilization surgeries projected:**

**Cats:** 500 **Dogs:** 0

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

**Average cost/surgery projected:** \$50.00

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

We have been researching and applying for additional grants. We have also allocated funds from our existing budget to assist with uncovered costs.

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

90

**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:** 09/01/26/ **Projected end date:** 07/30/27

## 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 opened a thrift shoppe with the expectation that it would continue to help us fund some of the cost of surgery. We have also applied and have received grants to provide surgery particularly for years that we are unable to apply for Florida Animal Friends.

**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.**

The Florida Animal Friends logo is in the partner section of our website. Also we publish a social media post once a month.

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

8