

**KENTUCKY DEPARTMENT OF AGRICULTURE
ANIMAL CONTROL ADVISORY BOARD**

Spay/Neuter Kentucky Program – 2011 Grant Application

Instructions: Fill out Section I *or* II, Section III, IV, and V, and attach all required documents. Mail to Spay/Neuter Kentucky Program, Kentucky Department of Agriculture, Capital Plaza Tower, 7th Floor, Frankfort, KY 40601

Agency/Organization Name _____ Date _____

Address _____
Street P.O. Box City Zip

Phone _____ Website address _____

Contact person _____ Phone _____ Email _____

Contact person evening phone number (the committee meets at night) _____

Person authorized to sign the grant _____

Payment to be made to _____

SECTION I: TO BE COMPLETED BY PRIVATE (NON-GOVERNMENTAL) NON-PROFIT ORGANIZATIONS. TO BE ELIGIBLE FOR THIS GRANT, YOUR IRS LETTER AWARDED 501 (c) (3) STATUS MUST BE DATED A FULL 3 YEARS PRIOR TO THE DATE OF THIS GRANT APPLICATION.

1. Year formally organized (year incorporated in Kentucky) _____ Attach p. 1 of Articles of Incorporation.
2. Year 501(c) (3) status obtained _____ Attach IRS determination letter.
3. Provide a financial statement for your last fiscal year.
4. Provide a copy of the most recent fiscal year end tax return (Form 990).
5. Provide a list of current officers and board members with names, addresses, phone numbers and email addresses.
6. Does your organization place homeless pets in new homes? Yes / / No / / If yes, do you own a shelter facility? / / Place animals from a county/municipal shelter? / / Do you have a contract with a county/municipal government to provide animal control/sheltering? / / Do you house animals in foster homes or other temporary housing? / /
7. What other services does your organization provide? _____

SECTION II: TO BE COMPLETED BY GOVERNMENT AGENCIES (COUNTY/MUNICIPAL).

1. Provide a letter from your county judge executive or mayor showing support and approval for the program to be funded.
2. Provide the names, addresses and phone numbers of the person(s) responsible for administration of this program.
3. Does your county government own an animal shelter? If yes, year built _____ If no, where are strays from your county housed? _____
Is your county planning to build a shelter? If so, when? _____

4. Please verify the following information about your shelter or contract shelter by initialing each:
 1. Segregate male and female animals by species in runs and holding areas; _____
 2. Provide separate runs or holding areas for ill or injured animals. An ill or injured animal shall be treated with proper veterinary care or euthanized; _____
 3. Provide quarantine for dogs and cats presented to the shelter when quarantine by the owner is not feasible or desirable, the cost of quarantine to be borne by the animal owner at the shelter's regular housing costs and fees. Quarantined dogs and cats shall be held in isolation for observation of symptoms of rabies for a period of ten (10) days from the date the dog or cat bit a person. If the dog or cat dies or is euthanized while in quarantine, it shall be submitted to the local health department for testing for the presence of the rabies virus. The cost of the testing shall be borne by the animal owner or the local health department may bear the cost at its discretion; _____
 4. Provide holding areas with protection from the weather, including heated quarters during cold weather. Holding areas shall be free of debris or standing water; shall provide adequate lighting, ventilation, and sanitary conditions to promote a safe, healthy environment; and shall provide adequate space to allow for normal movement, including standing to full height, sitting, turning, and lying down in a natural position without coming in contact with the top or sides of the enclosure or another animal; _____
 5. Provide runs and cages built of materials which can be readily cleaned and disinfected, including floors made of an impervious material; _____
 6. Provide access to the public for no less than twenty-four (24) hours in one (1) week, with the hours that the facility is open to the public posted in a visible location; _____
 7. Employ euthanasia methods specified as acceptable for that species by the most recent report of the American Veterinary Medical Association Panel on Euthanasia; _____
 8. Provide potable, uncontaminated water to every animal at all times, and palatable, uncontaminated food daily; and _____
 9. Maintain a record on each animal impounded. Records shall be maintained for a period of two (2) years and shall include:
 - a. Date impounded;
 - b. Location found or picked up;
 - c. Sex of animal and spay or neuter status, if known;
 - d. Breed or description, and color; and
 - e. Date reclaimed, adopted, or euthanized. _____

SECTION III: TO BE COMPLETED BY ALL APPLICANTS.

1. If your organization/agency houses animals in a shelter, foster homes, or other facility, give statistics for the last complete calendar or fiscal year.

	Dogs/Puppies	Cats/Kittens
Adopted/released to other rescue organizations	_____	_____
Returned to owner	_____	_____
Euthanized	_____	_____
Other (died, escaped, etc.)	_____	_____
TOTAL number of animals	_____	_____

2. Is spay/neuter required for all adopted animals? _____
 If yes, is surgery done *before* release to new owner? _____

If surgery is not done before release, how is follow-up done to make sure spay/neuter has been performed? _____

If no, when will spay/neuter be required for adopted animals? _____

3. Where is spay/neuter for adopted animals done? Local private veterinary clinics / / Veterinarian at shelter clinic / / Mobile clinic / / Other _____

4. Does your organization/agency offer financial assistance to owners who already have pets (not adopted from your shelter/organization)? If yes, please describe your program.

5. Number of paid staff in FTE's (Full Time Equivalent=40 hr/wk) _____

6. Number of active volunteers (those who work 2 hours/week or more) _____

IV: PROGRAM DESCRIPTION.

1. Attach a description of how you will administer the grant if selected. For example, will you use vouchers or host a clinic? Describe in detail exactly what the money will be spent on including any administrative costs.

2. All applicants must provide, in two pages or less, a detailed description of current or planned spay/neuter program(s) which will utilize funds from a Spay/Neuter Kentucky grant. Include names, qualifications, and contact information of person(s) who will administer program, manage finances, and provide required follow-up reporting on use of funds. Provide names and contact information on veterinarians who will be involved in your area, and list the fees they will charge for each type of surgery done through this program (cat spay or neuter, dog spay or neuter). If you have, or have had in the past, a spay/neuter program, please give number of surgeries done per year and the average cost per animal. Explain how this grant will help decrease the number of unwanted cats and dogs in your area, and whether the program will provide surgery for animals adopted from your shelter/organization, assist low income owners, or both.

If applicable, please also provide:

(a) Previous Grant Number _____, and (b) list other counties that are being served by your program _____

SECTION V: CHECK ALL CATEGORIES WHICH DESCRIBE YOUR PROGRAM(S).

// SNAP (Spay/Neuter Assistance Program) -- Voucher program to assist low income pet owners at local veterinary clinics.

// Shelter Grant – to help with cost of spay/neuter for animals adopted from shelter or through your rescue organization

// Clinic Grant – to help with cost of operating your in-house spay/neuter clinic, serving:

// shelter/fostered animals // pets of low income owners // other _____

// Mobile Clinic

// Feral/un-owned cat program

// Other _____

AMOUNT REQUESTED \$ _____ (MAXIMUM REQUEST \$2,000) (Rev. 2/11)