

**Kentucky Department of Agriculture  
Animal Control Advisory Board**

**Spay/Neuter Kentucky Program - 2017 Grant Application**

**Instructions:** Fill out completely all documents. Mail all documents and required attachments to: Spay/Neuter Kentucky Program, Kentucky Department of Agriculture, 107 Corporate Drive, Frankfort, KY 40601. Applications postmarked after July 15 shall be returned unopened. Emailed/scanned applications are strongly recommended and will be accepted until midnight, July 15, to: [joyce.parman@ky.gov](mailto:joyce.parman@ky.gov), **no faxed applications will be accepted.**

County/ Metro Government \_\_\_\_\_

Address \_\_\_\_\_  
Street P.O. Box City Zip

Phone \_\_\_\_\_ Website Address \_\_\_\_\_

2017  
Grant Administrator \_\_\_\_\_

Admin Email \_\_\_\_\_ Admin Evening Phone \_\_\_\_\_  
*(Please note that the awards committee may need to contact the grant administrator during the evening)*

**AMOUNT OF FUNDS REQUESTED: \$ \_\_\_\_\_ (MAXIMUM OF \$1,000 MATCHING)**  
**AMOUNT OF MATCHING DOLLARS FROM APPLICANT: \$ \_\_\_\_\_.**

**FOR THIS GRANT:**

Average anticipated alteration cost per canine \_\_\_\_\_ Male \_\_\_\_\_ Female  
Average anticipated alteration cost per feline \_\_\_\_\_ Male \_\_\_\_\_ Female

Vet or Clinic providing these cost estimates: \_\_\_\_\_

*Your written cost estimate must be attached to this application, The anticipated cost to alter is extremely important in the allocation of grant funds. The ACAB strongly encourages the applicant to seek out the best terms possible and award amounts will be based in part on costs.*

**THIS IS A MATCHING GRANT.**

Beginning 2017 the Spay/Neuter grant will be ranked on the percent of matching funds of the applicant as a criteria for reward. While the maximum award amount is \$1,000, the applicants will be ranked and evaluated based on the matching dollars they provide. For example: County A will match 500 dollars of the grant while County B will match \$1,000 of the grant. County B will be ranked above County A for this criteria.

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**Late or Incomplete Applications WILL NOT BE CONSIDERED.**

Applicant \_\_\_\_\_

This is a change from grants administered in past years. The 2017 grants are only offered to governmental entities. Governmental entities may partner with non-profits to obtain the best use of resources.

**CURRENT PROGRAMS:**

**Check all categories that apply to current programs that your agency/organization has in place.**

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

Clinic Grant – (In house or Vet Office) which serves:

Shelter/foster animals     Pets of low-income families     Other

Mobile Clinic:  organization’s own mobile     arranged mobile clinic (outside provider mobile unit)

Other (describe): \_\_\_\_\_

Does your organization provide spay/neuter services outside of this grant? Please describe.

How long has your group been providing spay/neuter services? \_\_\_\_\_

**SPAY/NEUTER PROGRAM DESCRIPTIONS: ATTACHMENT REQUIREMENT**

Guidelines: For each spay/neuter program that Spay/Neuter Kentucky grant funds are going to be used for, describe in detail in the attachment to this form:

How the grant fund money will be used in the program(s); examples – low-income family clinic, vouchers for adoptions from your shelter/rescue (include determination criteria), to operate organization’s own clinic, etc.

If grant funds are being used in more than one program, what percentage is to be disbursed into each program?

Will any of the funds be used for administrative costs of the programs?

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

CATEGORY	CANINE		FELINE	
	M	F	M	F
Adopted				
Released to other rescue organizations				
Returned to owner				
Euthanized				
TOTAL number of animals				

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Applicant \_\_\_\_\_

Is spay/neuter required for all adopted animals? Yes \_\_\_ No \_\_\_

If YES: Is surgery done *before* release to new owner or rescue group? Yes \_\_\_ No \_\_\_

If NO: Describe follow-up procedure to ensure spay/neuter has been completed for adopted and animals released to rescue groups:

\_\_\_\_\_

- Please note that favorable ranking will be given to mandatory programs.

**REQUIRED ATTACHMENTS (check off each document):**

\_\_\_ A written cost estimate for alterations.

\_\_\_ Completed Kentucky Animal Shelter Survey found at (Will insert link)

\_\_\_ Spay/Neuter program description document.

Acknowledgement:

I, \_\_\_\_\_, and the person responsible for submitting this grant, and hereby attest that the application and attachments are correct and accurate to the best of my knowledge.

\_\_\_\_\_  
Administrator Printed Name

\_\_\_\_\_  
County Judge Executive/ Mayor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Applicant \_\_\_\_\_