

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

**Spay/Neuter Kentucky Program - 2021 Grant Application**

**Instructions:** Fill out completely all documents. Emailed/scanned applications will be accepted until midnight, July 15, 2021 at: [michael.grant@ky.gov](mailto:michael.grant@ky.gov) , **no faxed applications, or mailings will be accepted.**

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

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

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

2021 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 \$3,000)**  
**AMOUNT OF MATCHING DOLLARS FROM APPLICANT: \$ \_\_\_\_\_.**  
**NO MATCH IS REQUIRED, BUT PREFERENCE WILL BE GIVEN TO APPLICANTS OFFERING MORE MATCHING DOLLARS.**

FOR THIS GRANT:

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

FOR YOUR LAST GRANT

Average alteration cost per canine \_\_\_\_\_ Male \_\_\_\_\_ Female  
Average 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.**

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 \$3,000, 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 \$3,000 dollars of the grant. County B will be ranked above County A for this criteria.

This is a change from grants administered in past years. The 2021 grants are only offered to governmental entities. Governmental entities may partner with non-profits to obtain the best use of resources.

Is spay/neuter required for all adopted animals in your county shelter? 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:

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- 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

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

Acknowledgement:

I, \_\_\_\_\_, am 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

# Kentucky Department of Agriculture 2021 County Animal Shelter Survey

County: \_\_\_\_\_ Date Completed \_\_\_\_\_

Animal Control Officer: \_\_\_\_\_ Have you done the training  
referred to in 302 KAR 101:010? Y N

Physical (NOT MAILING) address of the County Animal Shelter:

Is this shelter managed by the county or under contract for management? Please circle:

County Managed

Contract Managed

If contract managed, who is the contractor? \_\_\_\_\_

Shelter Phone Number: \_\_\_\_\_

Shelter Email Address: \_\_\_\_\_

Shelter Hours:

Monday \_\_\_\_\_ until \_\_\_\_\_

Tuesday \_\_\_\_\_ until \_\_\_\_\_

Wednesday \_\_\_\_\_ until \_\_\_\_\_

Thursday \_\_\_\_\_ until \_\_\_\_\_

Friday \_\_\_\_\_ until \_\_\_\_\_

Saturday \_\_\_\_\_ until \_\_\_\_\_

Sunday \_\_\_\_\_ until \_\_\_\_\_

Approximately how many animals come to your shelter yearly: \_\_\_\_\_ dogs \_\_\_\_\_ cats