

Animal Control Advisory Board

Spay/Neuter Kentucky Program - 2018 Grant Application

Instructions: Fill out completely all documents. Emailed/scanned applications will be accepted until midnight, July 15, 2018 at: 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 _____

2018 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 \$2,000)
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.

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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 \$2,000, the applicants will be ranked and evaluated based on the matching dollars they provide. For example: County A will match \$500 of the grant while County B will match \$2,000 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 2018 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 animals adopted or 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 found at kspayneuter.com
- ___ 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