

Ryan F. Quarles
Commissioner



Corporate Drive
Complex
Frankfort, KY 40601
(502) 573-0282

Kentucky Department of Agriculture

June 1, 2016

Dear Spay/Neuter Grant Interested Participants:

The Kentucky Department of Agriculture's Animal Control Advisory Board is pleased to announce grant funds are available for spay and neuter activities in Kentucky.

The grants are available to all county and metro governments only for 2016. This is a major change from prior years, and is in response to declining funding sources. The Board will revisit grants to non-profit organizations the next funding cycle.

The overwhelming majority of the funds for the program come from the sales of Kentucky spay/neuter licenses plates. We encourage you to purchase and encourage others to purchase these plates so that the program may continue.

As you may know, the KDA has ended the spay-neuter voucher program and instead issues these grants. The program is much more cost efficient per animal through the grant system. Callers inquiring about the voucher program are encouraged to call their fiscal courts or check our website for county participation.

If your county or organization is interested in receiving funds for a spay/neuter program, please find the application at <http://www.kyspayneuter.com>, and enclosed.

THE APPLICATION HAS BEEN REVISED. The funds for this round of funding are extremely limited, and grants will be awarded on a competitive basis.

The ACAB is very excited to once again offer these funds and looks forward to receiving your application.

Sincerely,

A handwritten signature in blue ink that reads "Joyce Parman".

Joyce Parman
Animal Control Advisory Board
Enclosures



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

Spay/Neuter Kentucky Program - 2016 Grant Application

Instructions: Fill out completely all documents. Mail all documents and required attachments to: Spay/Neuter Kentucky Program, Kentucky Department of Agriculture, 500 Mero Street, 7th Floor, 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, 2016 at: joyce.parman@ky.gov , *no faxed applications will be accepted.*

County/ Metro Government _____

Address _____
Street P.O. Box City Zip

Phone _____ Website Address _____

2016 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 \$1000.00 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 2016 the Spay/Neuter grant will be ranked on the percent of matching funds of the applicant as a criteria for award. 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 1000 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 2016 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				
Percentage (%) Euthanized				

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 www.kyspayneuter.com/resources.html#forms
- 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