

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

Spay/Neuter Kentucky Program - 2014 Grant Application

County/Metro Fiscal Courts

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.

Agency/Organization Name _____

Address _____
Street P.O. Box City Zip

Phone _____ Website Address _____

2014 Grant Administrators _____

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

List any previous year that your organization has received this grant: _____

AMOUNT OF FUNDS REQUESTED: \$ _____ (MAXIMUM OF \$5000.00)

CURRENT PROGRAMS:

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

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

___ Shelter Grant – assist adopter from your shelter or rescue organization with cost of spay/neuter.

___ Clinic Grant – assists with the cost of operating your in-house spay/neuter clinic 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): _____

List every county your programs serve: _____

PRIOR ALTERATION COSTS:

Total # of surgeries in previous year : _____

For the previous year: Canine: ____ # neutered ____ # spayed

For the previous year: Feline: ____ # neutered ____ # spayed

Average alteration cost per canine in previous year: _____ Males _____ Females

Average alteration cost per feline in previous year: _____ Males _____ Females

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: _____

Do you have a written cost estimate? __ Yes __ No

* 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 to be competitive for funds.

1. Does your organization place homeless pets in new homes? Yes ___ No ___
2. Do you own your own shelter? Yes ___ No ___
3. Do you provide contracted animal control services for county/municipal governments?
Yes ___ No ___
4. Do you provide contracted sheltering for county/municipal governments? Yes ___ No ___
5. Do you house animals in foster homes? Yes ___ No ___
6. Do you house animals in other forms of temporary housing? Yes ___ No ___
7. What other services does your organization provide (examples: general care education, other medical assistance to those in need, training etc.): _____

8. Does your county assist with spay/neuter costs to citizens outside of this annual grant? _____

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			
	ADULT		PUPPY		ADULT		KITTEN	
	M	F	M	F	M	F	M	F
Adopted								
Released to rescue organizations								
Returned to owner								
Euthanized								
Other - died								
Other - escaped								
Other - stolen								
TOTAL number of animals								

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

If YES: Is surgery done *before* release to new owner? Yes ___ No ___

Where is spay/neuter for adopted animals done?

Local private veterinary clinics ___

Veterinarian at shelter's clinic ___

Mobile Clinic ___

Other (describe) _____

If NO: Describe follow up procedure to ensure spay/neuter has been completed:

If spay/neuter is not required for adopted animals, when do you plan to put this policy in place?

Does your agency/organization offer financial assistance to owners with pets that were not adopted from your agency/organization or were purchased? If yes, provide guidelines of this assistance program: _____

Number of paid full time staff (Full time=40 hrs/week) _____

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

Does your organization provide the animal control officers for your county/municipality?

Yes ___ No ___ If YES, how many ACOs are employed by your agency _____

SPAY/NEUTER PROGRAM DESCRIPTIONS:

Programs descriptions should have:

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

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? Yes No
If yes, what percentage? _____

REQUIRED ATTACHMENTS (check off each document):

- Letter from your county judge-executive or mayor showing support and approval of the program(s)
- Complete application is for a government or government contracted entity
- Completed Kentucky Animal Shelter Survey