

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

**Spay/Neuter Kentucky Program - 2014 Grant Application**

**Private (Non-Governmental) Non-Profit Organizations**

**To be eligible for this grant, your IRS letter awarding 501(c) (3) status must be dated a full 3 years prior to the date of this 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, 7<sup>th</sup> 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/organization has in place.

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

\_\_\_ 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: \_\_\_\_\_

Average alteration cost per canine in previous year: \_\_\_\_\_ Males \_\_\_\_\_ Females

Average alteration cost per feline in previous year: \_\_\_\_\_ Males \_\_\_\_\_ Females

For the previous year: Canine: \_\_\_\_\_ # neutered \_\_\_\_\_ # of spayed

For the previous year: Feline: \_\_\_\_\_ # neutered \_\_\_\_\_ # of spayed

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 organization provide spay/neuter services outside of this grant? Please describe. \_\_\_\_\_
9. How long has your group been providing spay/neuter services? \_\_\_\_\_

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 other 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):**

A copy of your 501(c)(3) Determination letter.

**PLEASE DOUBLE CHECK**

This application is for a non-governmental organization.