

**2008 FLORIDA ANIMAL FRIEND GRANT APPLICATION**

**Application must be RECEIVED BY: April 1, 2008**

**APPLICANT INFORMATION**

Entire application must be typed. Sections may be expanded as needed to provide important details, but remember to be concise. Do not change the format of the application.

Name of Applicant Agency: **Halifax Humane Society**

Person Submitting Proposal: **Patti Thalheimer** Title: **Development Director**

Organization Address: **2364 W. LPGA Blvd.**

City, State, Zip Code: **Daytona Beach, FL 32120**

Website Address: **halifaxhumanesociety.org**

Phone number: **386.274.4703** Fax Number: **386.267.0651**

Cell Number: Email Address: **pattihhs@hotmail.com**

Dates of Last Complete Fiscal Year: **01/01/07** to **12/31/07** (MM/DD/YY)

Organization Income in Last Fiscal Year: **\$3,002,413.27**

Organization Expenses in Last Fiscal Year: **\$2,070,786.28**

Year(s) of previous Florida Animal Friend grants (if applicable): **2006**

Number of Paid Employees: Full-time: **43** Part-time: **6**

Number of Active Volunteers: **200** Total Volunteer Hours per Week: **400**

Describe Your Agency (check all that apply):

**Services Provided**

- Unlimited intake shelter
- Limited intake shelter
- Foster network
- Animal control
- Spay/neuter services
- Feral cat sterilization
- Veterinary care to the public
- Other \_\_\_\_\_

**Organization Structure**

- City, county, or tribal agency
- Private nonprofit agency
- Spay/neuter clinic
- Veterinary association
- Private veterinary clinic
- Community collaboration
- Other \_\_\_\_\_

**Applicant Qualifications:**

For your organization, In the last complete fiscal year:

**10799** cats and **5955** dogs were admitted

**1185** cats and **1526** dogs were adopted

**931** cats and **1004** dogs were sterilized

**8856** cats and **2764** dogs were euthanized

Describe your animal programs:

**Halifax Humane Society serves the greater Daytona Beach area. It is an open door shelter that intakes approx 17, 000 animals each year through city and county contracts and owner surrenders. HHS has the capacity to comfortably house approximately 350 animals per day. It is equipped with a spay/neuter clinic. We perform early age spay/neuter surgeries to ensure that all adopted animals are sterilized before leaving our facility. We also sell low cost spay/neuter certificates to the public.**

If your program performs adoptions, are all animals sterilized before adoption?  Yes  No

If not all, what percentage of animals is not currently sterilized before adoption? %

If not all, how are animals selected for sterilization before adoption?

If not all, describe your sterilization policies and procedures for assuring sterilization after adoption:

Give additional background information on your organization's programs as they relate to this application and the qualifications of the personnel who will be in charge of this program. Show that you have the ability to carry out this program:

**Our last Pit Bull Spay/Neuter Grant was very successful. This year we will work in cooperation with Volusia County Animal Control. Currently Volusia County offers a low cost spay/neuter program for low-income households. They operate a surgical bus that travels to unincorporated Volusia County. Our program would take the bus into the inner city one day per week for 12 weeks offering free spay/neuter to low income households. A professional veterinarian team staffs the bus. The scheduling would be done here at our shelter.**

What kinds of spay/neuter services are currently available in the target area? In what way are these resources currently insufficient?

**We offer a low-cost certificate program where surgery can be done at our facility or at a few participating veterinarians. As stated above, Volusia County operates a low cost Spay/Neuter bus for the unincorporated areas in our county. Currently, there are no programs offering free assistance nor do they bring these services to specific low-income neighborhoods.**

If you currently have a program for sterilization of cats and/or dogs, describe your current level of funding and productivity and why additional resources are needed.

**Sterilization is included with each adoption at our shelter. Additionally, we offer low cost spay/neuter to the public at large. There are still far too many pit bulls being brought into our shelter mostly from animal control officers in our cities.**

## GRANT PROPOSAL DETAILS

Title of Proposal: **Pit Bull Free Spay Neuter Program**

Total Amount of Funding Requested: \$ **\$14,400** Check payable to: **Halifax Humane Society**

Is this community collaboration involving multiple groups? If so, list each group by contact information and role in the project:

| <b>Group Name</b>             | <b>Group Address</b>               | <b>Website</b>         | <b>Role</b>                    |
|-------------------------------|------------------------------------|------------------------|--------------------------------|
| <b>Volusia Animal Control</b> | <b>29 Keyton Dr. Daytona Beach</b> | <b>www.volusia.org</b> | <b>Provide the surgery bus</b> |
| _____                         | _____                              | _____                  | _____                          |
| _____                         | _____                              | _____                  | _____                          |
| _____                         | _____                              | _____                  | _____                          |
| _____                         | _____                              | _____                  | _____                          |

**Problem statement:**

More than five million pets are euthanized annually because there are not enough homes for them. It costs U.S. taxpayers an estimated \$2 billion each year to take in, care for, and often euthanize homeless animals. Although education has increased the percentage of animals that are spayed and neutered, more sterilization is needed to reach the critical thresholds necessary to control overpopulation. Since funding for sterilization programs is limited, it is important that available funds be used for programs that target the most significant sources of cat and dog overpopulation and that these programs increase sterilization surgeries above the current baselines of the community.

**Describe the target area:**

Geographical target area (name of city, county, Florida, etc.): **Volusia County, Florida**

Total human population in target area: **496575** (information available at [www.census.gov](http://www.census.gov))

Percent of residents living below poverty in target area: **12** ([www.census.gov](http://www.census.gov))

Estimated number of pet cats in target area (human population divided by 3.3): **150477**

Estimated number of pet dogs in target area (human population divided by 4.0): **124143**

Estimated number of feral cats in target area (human population divided by 6.0): **82,762**

Number of cats and dogs admitted to animal control shelters in the target area last year (if known)

Number of cats and dogs euthanized in animal control shelters in the target area last year (if known)

Please explain if you believe your target area animal population is significantly different than above.  
**There is a small shelter in SouthEast Volusia County that took in approximately 4,000 animals in 2007**

**Describe the specific target animal population of the spay/neuter project proposed for this grant:**

Pets in low-income families: What qualifications will you use to determine low-income status? **pay stubs, income tax return, social security payments**

Special populations (e.g., pit bulls, under served regions, unique events):

Feral cat sterilization

Other:

**Objectives:**

What do you hope to accomplish with these funds (objectives should be specific and quantifiable)?

**Twenty percent of the incoming dogs to our shelter are pit bulls. We are taking a proactive position to reduce the breed numbers in our area. Many of the strays being picked up are in under served areas or areas of low-income families. Once again, after having successfully completed the program in 2006, we would like to offer free spay/neuter to any resident having this specific breed. However this time, by teaming up with our County Animal Control, we can bring the spay/neuter bus directly to these neighborhoods. Dogs will not only be sterilized, but will be vaccinated.**

How does this program increase the number of sterilization surgeries above the existing baseline?

**We will not only take the bus into the neighborhoods where a high concentration of pitbulls live, but we have a private donor who will give \$10 to a person who brings their dog in for sterilization.**

**Methods:**

What criteria will you use to determine eligibility for the program?

**The program is breed specific. Owners will have to show proof of residency, annual income and agree to vaccination of their animal in addition to the surgery.**

How will you advertise the program? Explain how the advertising will reach the target audience. Attach promotion materials if available.

**Flyers will be passed out in these concentrated areas by animal control officers, two radio stations will announce public service announcements about the program. The local newspaper will cover the program.**

How will you address barriers to full use of the program such as transportation, illiteracy, and cultural hurdles?

**We don't feel that transportation will be an issue. We are coming to where they live. Illiteracy issues are covered by radio announcements.**

Does this project involve the transportation of animals by someone other than the client? If so, describe the vehicles, methods for confinement, personnel training, liability releases used to assure the safety of the animals and handlers.

**No, the animals will not be transported. Owners will bring their dogs to the bus located in their neighborhood.**

**Veterinary Services:**

What arrangements have you made with veterinarians to perform the surgeries?  
**The veterinarian is hired by Volusia County to perform the surgeries.**

Please attach a collaboration letter from the lead veterinarian, practice, or association that will provide spay/neuter services. The letter should include a statement describing the fee schedule to be followed and whether the veterinarian(s) are on your staff, on contract, in a spay/neuter clinic, or in private practice. Please list all of the participating veterinarians or veterinary practices below, including address, phone number, and premise permit number (available at [www.myfloridalicense.com](http://www.myfloridalicense.com)).

| <b>Name</b>                                       | <b>Address</b>                               | <b>Phone</b>        |
|---|--|---------------------|
| <b>Joni Goldstein, DVM</b>                        | <b>29 Keyton Dr. Daytona Beach, FL 32114</b> | <b>386.248.1790</b> |
| <b>State of Florida License # VM9130 #VE 3879</b> |  |                     |

**SEE ATTACHED**

What is the fee range to be paid for spay and neuter and what is the distribution to be paid by the client vs. the grant program? Keep in mind that Florida Animal Friend grant funds may only be used for costs directly associated with sterilization surgery (including anesthesia and pain control) and not for other items such as vaccines, testing, licensing, and capital purchases.

|                              | <b>Amount Paid by Client</b> | <b>Amount Paid by Project</b> | <b>Total Amount</b> |
|------------------------------|------------------------------|-------------------------------|---------------------|
| <b>Range for Male Cats</b>   | <b>\$ 0</b>                  | <b>\$</b>                     | <b>\$</b>           |
| <b>Range for Female Cats</b> | <b>\$ 0</b>                  | <b>\$</b>                     | <b>\$</b>           |
| <b>Range for Male Dogs</b>   | <b>\$ 0</b>                  | <b>\$ 100</b>                 | <b>\$ 100</b>       |
| <b>Range for Female Dogs</b> | <b>\$ 0</b>                  | <b>\$ 100</b>                 | <b>\$ 100</b>       |

Please check each item below to indicate whether additional services are required at the time of surgery and whether the client is required to pay for them.

|                            | Included in Cost  | Not Offered              | Optional                 | Required                 | Amt. Paid by Client |
|----------------------------|---|--------------------------|--------------------------|--------------------------|---------------------|
| <b>Examination</b>         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>\$ 0</b>         |
| <b>Vaccination</b>         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>\$ 0</b>         |
| <b>Pain Medication</b>     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>\$ 0</b>         |
| <b>Parasite Medication</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>\$ 0</b>         |
| <b>Testing</b>             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>\$ 0</b>         |
| <b>Licensing</b>           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>\$ 0</b>         |
| <b>Ear tipping</b>         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>\$ 0</b>         |
| <b>Other</b>               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <b>\$ 0</b>         |

If necessary, please explain the procedures and fees described above:

**Dogs will be examined prior to surgery. We will offer a free rabies vaccination to those requiring one and dispense pain medication as prescribed.**

Is this a voucher program? If so, how will you assure compliance with the program?

**no**

**Other Information:**

Provide any additional information that will help the grant selection committee understand how the program will operate to achieve its goals.

**Budget:**

Total number of sterilization surgeries projected: cats                      dogs **144**

Total budget requested: \$ **14400** Average cost/surgery projected: \$ **100**

Budget should not exceed \$20,000.

Describe any expenses that are not included in the grant and how they will be paid for:

**We are offering a \$10 incentive to anyone who brings their dog in for surgery. A private group has donated the funds for this offer.**

**Timeline:**

All projects must be completed within 12 months of receipt of funding. Any unexpended funds must be refunded to Florida Animal Friend within 30 days of the end of the project. Requests for time extensions must be made in writing at least 30 days prior to the end of the project. Funding for accepted projects will be available after August 1, 2008.

Projected start date: **2/6/09** Projected end date: **4/24/09** (MM/DD/YY)

**Future Funding:**

Explain how the organization plans to fund this program in the future. Having plans beyond “seeking funds from other funders” enhances the chances of receiving this grant.

**We are always looking for funding sources for our spay and neuter program. We will continue to look to our community and local government for funding. We can use designated dollars from the fundraisers we host each year. We continually seek grant opportunities from government and the private sector.**

**Evaluation:**

Applicant agrees to complete the Grant Follow-up Report and return it to Florida Animal Friend within 12 months of receipt of funds.

**Promotion of Florida Animal Friend Spay/Neuter License Plate:**

Applicants selected for funding are expected to publicize their grant in support of their spay/neuter program via press releases, newsletters, website links, etc. In addition, they are expected to promote the sales of license plates so that additional spay/neuter grants can be funded. Please describe your plan to promote the Florida Animal Friend Spay/Neuter License Plate.

**The Spay/Neuter License Plate icon and link remains on our web-site at all times. We will also continue to promote the license plate in press realeases and in our newsletter.**

By my signature below, I attest that the information provided in this grant proposal is true and that the proposed spay/neuter program complies with local, city, county, state and national ordinances and laws.

Application submitted by:

Signed: \_\_\_\_\_ Date: **4/27/08** (MM/DD/YY)

Name: **Patti Thalheimer** Title: **Development Director**

## CHECKLIST OF ATTACHMENTS AND SUBMISSION INSTRUCTIONS

Organize the completed applications in the following order and complete checklist.

|          | <b>Nonprofit Agencies</b>             | <b>Municipal Agencies</b>             |
|----------|---------------------------------------|---------------------------------------|
| <b>1</b> | Grant application                     | Grant application                     |
| <b>2</b> | Checklist                             | Checklist                             |
| <b>3</b> | Veterinary collaboration letter(s)    | Veterinary collaboration letter(s)    |
| <b>4</b> | Current fiscal year agency budget     | Current fiscal year agency budget     |
| <b>5</b> | Roster of board of directors          | Letter of support from director       |
| <b>6</b> | IRS 501(c)3 determination letter      | Media coverage, brochures, PSAs, etc. |
| <b>7</b> | FL DOACS registration certificate     |                                       |
| <b>8</b> | IRS 990 or 990 EZ                     |                                       |
| <b>9</b> | Media coverage, brochures, PSAs, etc. |                                       |

For all applicants:

- Completed grant application (hard copies and electronic copy)
- Veterinary collaboration letter for spay/neuter services
- Copies of newsletters, media clippings, public service announcements, brochures, etc. that pertain to the applicant's spay/neuter program (hard copies only, no videos, DVDs, etc).

For private nonprofit agencies:

- Current fiscal year agency budget
- Roster of applicant's board of directors, including address, phone number, email address, occupation and whether board members are compensated for their positions.
- IRS Tax Exempt #**411-12JCBA0239** (attach determination letter)
- FL Dept of Agriculture & Consumer Affairs Registration # **CH-3515** (attach)
- Most recent IRS Form 990 (pages 1-4 & signature page) or 990EZ (page 1-2 & signature page).

For city, county, or tribal entities:

- For city and county governments, attach current fiscal year agency budget, the line item that the funds would be deposited into, a letter from the director of the city or county animal care and control agency on city or county letterhead clearly indicating support for the application of the grant proposal.
- For tribal entities, attach a letter signed from the Tribal Authority of the local Tribal Health Department.

Applications must be **received by** the due date of **April 1, 2008** to be considered in the current cycle. Applications received after the due date and incomplete applications will be returned without review. It is advisable to use a carrier that offers a guaranteed delivery date. Completed applications, including the grant application form, required supporting documents, and other attachments must be submitted together as a complete packet. Please submit 1 original and 4 identical hard copies of the application and all attachments for review. Each copy should be stapled or compiled with a binder clip. Do not use binders, folders, or other display materials for the applications. Please also email 1 copy of the application (signatures and attachments not required) to the address below.

Send 1 original and 4 hard copies of application or grant submission inquiries to: Florida Animal Friend, Inc., c/o Lois Kostroski, 13153 North Dale Mabry, Suite 105, Tampa, FL 33618, 866-303-3222, [info@floridanimalfriend.org](mailto:info@floridanimalfriend.org).

Send 1 electronic copy or content inquiries to: Julie Levy, [levyj@vetmed.ufl.edu](mailto:levyj@vetmed.ufl.edu), (352) 392-2226 ext 5717