

FY 2018 Animal Welfare Trust Fund Community Grant Program Application

Preventive Care & Microchips:

Animal Services is providing reimbursement to non-profit 501c3 organizations within Pinellas County that provide preventive veterinary care and microchips to the owned pets of low income residents of Pinellas County. This program is funded through the Animal Welfare Trust Fund (AWTF). This program is for FY18. Continuation of the program in subsequent years will depend upon funding levels.

Animal Services will allocate \$20,500 from the AWTF to provide annual preventive care and microchips to owners of cats and dogs in Pinellas County.

1. Program must benefit owned cats and dogs that reside in Pinellas County.
2. Applications must be received by August 31, 2017. Application is attached and may be submitted electronically to animalrequests@pinellascounty.org.
3. A maximum reimbursement of \$5,000 may be awarded to each approved agency dependent on the number of applicants.
4. PCAS will establish a standard bill rate for services with each participating provider.
5. There will be a limit of 2 pets per household per fiscal year.
6. Agency must submit monthly invoice for services provided utilizing the attached template to receive payment. Invoices must be submitted electronically to animalrequests@pinellascounty.org by the 20th of the month. Any invoices sent after the designated deadline are subject to non-payment and future eligibility.
7. Services must be provided between October 1, 2017 and August 15, 2018.
8. Final Fiscal Year invoice must be received by August 31, 2018.

Sterilization & Microchips:

Animal Services is providing reimbursement to non-profit 501c3 organizations within Pinellas County that provide sterilization services and microchips to the owned pets of low income residents of Pinellas County. This program is funded through the Animal Welfare Trust Fund (AWTF). This program is for FY18. Continuation of the program in subsequent years will depend upon funding levels.

Animal Services will allocate \$20,500 from the AWTF to provide sterilization services and microchips to owners of cats and dogs in Pinellas County.

1. Program must benefit owned cats and dogs that reside in Pinellas County.
2. Applications must be received by August 31, 2017. Application is attached and may be submitted electronically to animalrequests@pinellascounty.org.
3. A maximum reimbursement of \$5,000 may be awarded to each approved agency dependent on the number of applicants.
4. PCAS will establish a standard bill rate for services with each participating provider.

5. There will be a limit of 2 pets per household per fiscal year.
6. All surgeries must be performed in Pinellas County unless approved by the Bureau Director of Pinellas County Animal Services or his designee.
7. Agency must submit monthly invoice for services provided utilizing the attached template to receive payment. Invoices must be submitted electronically to animalrequests@pinellascounty.org by the 20th of the month. Any invoices sent after the designated deadline are subject to non-payment and future eligibility.
8. Services must be provided between October 1, 2017 and August 15, 2018.
9. Final Fiscal Year invoice must be received by August 31, 2018.

TNVR:

Animal Services is providing reimbursement to non-profit 501c3 Community Cat organizations within Pinellas County that operate a TNVR program in accordance with the county ordinances. This program is funded through the Animal Welfare Trust Fund (AWTF). This program is for FY18. Continuation of the program in subsequent years will depend upon funding levels and verifiable TNVR efforts in the Pinellas County cat community.

Animal Services will reimburse agencies for community cat rabies vaccination and sterilization totaling \$17,000 from the AWTF for TNVR Programs within Pinellas County.

1. The community cats must reside in Pinellas County.
2. Applications must be received by August 31, 2017. Application is attached and may be submitted electronically to animalrequests@pinellascounty.org.
3. A maximum reimbursement of \$4,000 may be awarded to each approved agency dependent on the number of applicants.
4. Program must benefit Community Cats only, not owned animals.
5. Cat must be ear tipped at time of sterilization surgery.
6. Cat must be vaccinated for rabies at time of sterilization surgery.
7. All surgeries must be performed in Pinellas County unless approved by the Bureau Director of Pinellas County Animal Services or his designee.
8. Agency must submit monthly invoice for services provided utilizing the attached template to receive payment. Invoices must be submitted electronically to animalrequests@pinellascounty.org by the 20th of the month. Any invoices sent after the designated deadline are subject to non-payment and future eligibility.
9. Services must be provided between October 1, 2017 and August 15, 2018.
10. Final Fiscal Year invoice must be received by August 31, 2018.

Animal Welfare Trust Fund Community Grant Program

- Preventive Care & Microchips – Owned Pets Sterilization & Microchips – Owned Pets
 TNVR

Pinellas County’s funding priorities will be focused on four primary community initiatives.

1. Providing preventive veterinary care to the low income residents of Pinellas County to reduce shelter intake and keep at risk pets in their homes.
2. Providing sterilization services to the low income residents of Pinellas County to reduce shelter intake and keep at risk pets in their homes.
3. Providing microchip implantation for the pets of low income residents of Pinellas County to increase the opportunity for lost pets to be returned home.
4. Decreasing the number of cats in colonies within Pinellas County while also decreasing the number of animals entering shelters in our community.

Applicant/Agency Information:

Name of Applicant Agency: _____

Person Submitting Proposal: _____ Title: _____

Organization Business Address: _____

City, State, Zip Code: _____

Website Address: _____ Phone number: _____

Fax Number: _____ Cell Number: _____ Email Address: _____

If applicant organization does not have in-house veterinary services, please provided the following information on providers. (If more than one provider, please supply information and pricing for each).

Provider Information:

Name of Provider Agency: _____

Person Submitting Proposal: _____ Title: _____

Organization Business Address: _____

City, State, Zip Code: _____

Website Address: _____ Phone number: _____

Fax Number: _____ Cell Number: _____ Email Address: _____

Describe Your Agency (check all that apply):

Services Provided

- Unlimited intake shelter
- Limited intake shelter
- Foster network
- Animal control
- Sterilization services
- Other _____

Organization Structure

- City, county, or tribal agency
- Private nonprofit agency
- Other _____

Applicant Qualifications: Complete applicable sections for each grant type.

For your organization, in the last complete fiscal year:

- 1a) _____ Number of dogs of low income residents assisted with preventive care
- 1b) _____ Number of cats of low income residents assisted with preventive care
- 2a) _____ Number of dogs of low income residents assisted with sterilization services
- 2b) _____ Number of cats of low income residents assisted with sterilization services
- 3a) _____ Number of dogs of low income residents assisted with microchip implantation
- 3b) _____ Number of cats of low income residents assisted with microchip implantation

4a) _____ Number of community cats that were admitted into your facility

4b) _____ Number of community (TNVR) cats that were sterilized

Briefly describe your current or future programs and the level of funding and productivity and why additional resources are needed for each applicable program:

1) Low Income Preventive Care & Microchip Program

2) Low Income Sterilization & Microchip Program

3) Community TNVR Program

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:

What kinds of similar programs or services are currently available in the target area? In what way are these resources currently insufficient?

Total Amount of **Preventative & Microchip** Funding Requested: \$ _____

Check payable to: _____

Total Amount of **Sterilization & Microchip** Funding Requested: \$ _____

Check payable to: _____

Total Amount of **TNVR** Funding Requested: \$ _____

Check payable to: _____

Application Submission:

By entering my full name here, I attest that the information provided in this grant proposal is true and that the proposed programs comply with local, city, county, state and national ordinances and laws.

Application submitted by:

Name: _____ Title: _____

CHECKLIST OF ATTACHMENTS AND SUBMISSION INSTRUCTIONS

	Nonprofit /Municipal Agencies
1	Grant application
2	Veterinary collaboration letter
3	Letter of support from director
4	Procedure Costs for Reimbursement
5	501C3 Documentation

Completed proposals, including the application form and all attachments, must be submitted via email to animalrequests@pinellascounty.org by **August 31, 2017**.

For help contact Linda Boger, (727) 582-2657.

For TNVR Applications, please complete the next page.

For TNVR Grant Program:

Animal Welfare Trust Fund Community TNVR Funding is highly supportive of proposals that are focused on animal populations that are identified as substantial sources of TNVR cat overpopulation areas. Describe the specific target animal population of the spay/neuter project proposed for this reimbursement:

Describe the geographical region and animal population targeted for this project:

Geographical target area (name of city, community, etc.: _____

Estimated number of TNVR cats in target area: _____

Please explain what you believe are the most substantial sources of TNVR cat overpopulation in the target area:

What kinds of spay/neuter services are currently available in the target area and in what ways are these resources currently insufficient to address community needs?

Objectives:

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

How does this program increase the number of Community (TNVR) sterilization surgeries above the existing baseline?

Methods:

What criteria will you use to determine your starting point for the surgeries?

How will you advertise the funding? Explain how the advertising will reach the target audience.

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