



# Lumpkin County, Georgia

## Finance Department

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**Date:** April 20, 2015

**Agenda Item:** Funding Opportunity  
Georgia Department of Agriculture  
Dog & Cat Sterilization Grant Program 2015

**Item Description:** The Georgia Department of Agriculture (GDA) has recently announced it is accepting applications for funding from its 2015 Dog and Cat Sterilization Grant Program.

**Facts & Historical Information:**

GDA has acknowledged that often, local communities are burdened by the high costs of having pets spayed or neutered. This grant program is intended to target and aid communities across Georgia by keeping strays of the street and controlling the animal population in a humane manner. For FY-2015, GDA will make available \$200,000.00 in grants to assist communities in the spaying or neutering of companion animals.

Since its inception, this program has providing funding assistance to various communities and has sterilized over 100,000 companion animals. The funds for these procedures is obtained from the sales of the dog and cat sterilization program specialty vehicle tags, the income tax check off, and from direct contributions to the program. Grants will be awarded based upon the highest priority after considering factors such as targeting of important animal populations, ability to increase surgery numbers, cost-benefit ratio, record of grant applicant, and sustainability. Applicants reside in Georgia and all procedures must be performed by licensed and accredited Georgia veterinarians. Applications must be submitted by June 15, 2015.

**Potential Courses of Action:**

- A. Authorize the submission of a Dog and Cat Sterilization Grant Program application.
- B. Take no action.

**Budget Impact:** There will be no impact to the County's budget as this grant program does not require a local match.

**Staff**

**Recommendation:** Please see statement from Animal Shelter Director, Eddy Harris.

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# Lumpkin County Animal Shelter

Eddy Harris, Director

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Why do we have these programs? Far too many animals (dogs & cats) are entering shelters across the country, and the shelters are not able to find enough homes for these animals. By offering these programs, we hope to make a significant reduction in the number of animals (dogs & cats) entering into Lumpkin County's Animal Shelter.

## Program One: In place now

The Lumpkin County Animal Shelter has partnered with the Atlanta Humane Society's Surgical Utility Vehicle (SUV) Program. This program enables the Atlanta Humane Society to assist in the fight against pet overpopulation in Lumpkin by travelling outside of the metro Atlanta area to perform low-cost spay and neuter surgeries.

The cost to have a dog or cat spayed or neutered with this program is \$35 dollars and it includes complimentary rabies vaccination and microchipping, if needed.

## Program Two: In place now

The Lumpkin County Animal Shelter has also partnered with Animal Birth Control/Pet Vet, and Friends of Lumpkin County Shelter Animals, to sponsor a special program to provide FREE female SPAY services for Pit Bulls and Pit Bull mix dogs. The program also provides vaccinations, worming, rabies shots, and micro chipping, if needed.

## Program Three: Free Spay and Neuter Program (if grant funds are awarded)

If awarded, grant funds from the Georgia Department of Agriculture will allowed the Lumpkin County Animal Shelter to expand the two existing programs described above.

1. The Atlanta Humane Society SUV program has a limit of two dogs over 65 pounds per day, so only four dogs with the weight of 65 pounds or over can be sterilized every four months.
2. The partnership with Animal Birth Control/Pet Vet. is restricted to female pit bulls & pit bull mixes only.

Being able to use our local veterinarians with grant funds from the Department of Agriculture to expand these two programs, by removing the restrictions on large animals and females only, will help ensure the residents of our county have an avenue for sterilizing their pets. If awarded, the funding received will enable the Animal Shelter to offer this service at no cost to the pet owner or the residents of Lumpkin County.

Please note these programs are intended to assist individual private pet owners only. Grant restrictions will not allow the Animal Shelter to extend these services to rescue groups or other shelters.



## GRANT PROCESSING REQUEST FORM

DATE: 04/15/15				
DEPARTMENT: Animal Shelter				
GRANT PROGRAM: FY-2015 Dog & Cat Sterilization Grant Program				
GRANTING AGENCY: Georgia Department of Agriculture				
CFDA # (If Federal Grant) N/A				
PROGRAM TITLE: Dog & Cat Sterilization Program				
FUNDING REQUEST:				
FEDERAL	STATE	LOCAL MATCH	OTHER	TOTAL REQUEST
0.00	7,500.00	0.00	0.00	\$ 7,500.00
IF LOCAL MATCH IS REQUIRED, ARE FUNDS AVAILABLE IN DEPARTMENT BUDGET? Y/N N/A				
INDIRECT COSTS? Y/N N/A		AMOUNT: \$ 0.00		
REIMBURSEMENT GRANT: Y/N Yes				
PROJECT DIRECTOR: Eddy Harris				
PHONE: (706) 867-7297		FAX: (706) 867-7299		E-MAIL: edd.harris@lumpkincounty.gov
DEPARTMENT DIRECTOR OR DESIGNEE APPROVING SUBMISSION: Eddy Harris, Animal Shelter Director		SIGNATURE: <i>Eddy Harris</i>		DATE: 4-21-15
REVIEWED & APPROVED BY FINANCE: Mark French, Budget & Grant Analyst		SIGNATURE: <i>Mark French</i>		DATE: 4-21-2015

**GEORGIA DEPARTMENT OF AGRICULTURE  
DOG AND CAT STERILIZATION GRANT PROGRAM 2015**

\_\_\_\_\_ **Licensed Animal Shelter**

\_\_\_\_\_ **Nonprofit 501(c)(3) Licensed Animal Rescue**

**I. Applicant Information**

Name of Applicant Agency: \_\_\_\_\_

Grant Project Coordinator: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

GDA License No.: \_\_\_\_\_

Local Business License No./City/County: \_\_\_\_\_

Federal Tax ID.: \_\_\_\_\_

State Tax ID. : \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, THAT I HAVE SUBMITTED THIS APPLICATION ON BEHALF OF THE APPLICANT ORGANIZATION AND THAT I HAVE THE AUTHORITY TO ACT ON BEHALF OF APPLICANT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**GEORGIA DEPARTMENT OF AGRICULTURE  
DOG AND CAT STERILIZATION GRANT PROGRAM 2015**

**II. Organization Information**

Executive Officer Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fiscal Contact/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**\*Both the animal and municipal animal shelter and/or nonprofit animal rescue organization must reside in Georgia in order to be eligible for the Dog and Cat Sterilization Grant Program.**

List current Board of Directors:

Name	Title	Years of Service on Board

Number of Paid Employees: \_\_\_\_\_ Number of Full Time Employees: \_\_\_\_\_

Number of Part Time Employees: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Est. Total Volunteer Hours per Week: \_\_\_\_\_ Number of Foster Homes: \_\_\_\_\_

Has the above organization been found in violation of the Georgia Animal Protection Act, O.C.G.A. § 4-11-1, et seq., Departmental Rules, or been charged with animal cruelty pursuant to O.G.G.A. § 16-12-4?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If "yes," please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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DOG AND CAT STERILIZATION GRANT PROGRAM 2015**

**III. Financial Information**

Total Organization Income in Last Fiscal Year: \_\_\_\_\_

Total Organization Donations in Last Fiscal Year, if known: \_\_\_\_\_

Organization Expenses in Last Fiscal Year: \_\_\_\_\_

**A. Nonprofit Rescues**

- i. Pursuant to O.C.G.A. § 50-20-3, nonprofit organizations must provide a copy of the most recent certified financial statement with the application.
  
- ii. Nonprofit rescues must provide proof of their 501(c)(3) status issued by the Internal Revenue Service at the time of filing. Please do not send a copy of a tax return or a copy of incorporation by the Georgia Secretary of State to fulfill this requirement.
  
- iii. Nonprofit rescues must also provide proof of incorporation by the Georgia Secretary of State.

**B. Municipal Animal Shelters**

- i. Effective July 1, 1999, every county and city within that county is required to adopt a Service Delivery Strategy. This strategy is an implementation plan among cities and counties to provide local government services and resolve land use conflicts within the county. These strategies are submitted to the Georgia Department of Community Affairs for approval and the DCA is in charge of monitoring compliance. Because of this law, no state-administered financial assistance can be awarded to a local municipality that is not in compliance. This requirement applies to all Georgia county governments, city governments, and authorities.

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**IV. Organization Services**

Check all the following Services Provided:

Unlimited Intake Shelter       Limited Intake Shelter       Foster Homes  
 Animal Control       Spay/Neuter Services       Adoption

Average Number of:

Intake Animals per Year: \_\_\_\_\_ Adoptions per Year: \_\_\_\_\_

Animals Spayed per Year: \_\_\_\_\_ Animals Neutered per Year: \_\_\_\_\_

Briefly describe your animal programs:

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

If not all, what percentage of animals is not sterilized before adoption? \_\_\_\_\_

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

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Briefly describe your sterilization policies and procedures for assuring sterilization after adoption.

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DOG AND CAT STERILIZATION GRANT PROGRAM 2015**

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

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Give additional background information on your organization's programs as they relate to this application. Show that you have the ability to carry out this program.

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What other similar resources are available in your area? In what way are these resources currently insufficient?

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**GEORGIA DEPARTMENT OF AGRICULTURE  
DOG AND CAT STERILIZATION GRANT PROGRAM 2015**

**VI. Veterinary Services.**

- \* All Applicants must attach a letter of collaboration from all veterinarians who will provide the spay/neuter services. The letter should include a statement describing the fee schedule to be followed or pay arrangement and whether the veterinarian(s) are on your staff, on contract, in a spay/neuter clinic, or in private practice. Please list all participating veterinarians.

Veterinarian(s) performing sterilization procedures:

Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Georgia License No. \_\_\_\_\_ National Accreditation No. \_\_\_\_\_

Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Georgia License No. \_\_\_\_\_ National Accreditation No. \_\_\_\_\_

Name: \_\_\_\_\_

Clinic/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Georgia License No. \_\_\_\_\_ National Accreditation No. \_\_\_\_\_

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Is the veterinarian(s) performing the sterilization procedure currently licensed and accredited to practice veterinary medicine in the State of Georgia?    \_\_\_\_ Yes    \_\_\_\_ No

\* Veterinarians used to perform the sterilization procedure under the Dog and Cat Sterilization Grant Program must be licensed by the Georgia Secretary of State and accredited by the Georgia Department of Agriculture and United States Department of Agriculture (USDA). All veterinarians must perform the sterilization procedure using acceptable standards of care.

What is the fee range or other agreement paid for spay and neuter services?

	Total Amount Paid Using Grant Funds
Range for Male Cat	\$
Range for Female Cat	\$
Range for Female Dog	\$
Range for Male Dog	\$

\* Grant funds shall be used for sterilization surgeries only and shall not be used for capital or administrative expenses or for procedures not directly related to sterilization surgery, such as promotions, vaccinations, testing, licensing, food, medicine, and/or other medical procedures.

If no fee arrangement has been agreed to, what is your agreement with the collaborating veterinarian(s)?

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**GEORGIA DEPARTMENT OF AGRICULTURE  
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**Signature and Attestation**

By signing below Applicant attests to the following:

- (1) Applicant ATTESTS that the information provided in the grant application is true and correct.
- (2) Applicant ATTESTS that it possesses the legal authority to apply for this grant. Applicant further ATTESTS that the individual filing the application has the authority to do so.
- (3) Applicant ATTESTS that it resides and operates in Georgia and will use the grant funds for Georgia animals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

Affix Seal here: