Lumpkin County, Georgia
Finance Department

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.

99 Courthouse Hill, Suite D – Dahlonega, GA 30533
706-482-2552
www.lumpkincounty.gov

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	AMOUNT:
N/A	$ 0.00

REIMBURSEMENT GRANT: Y/N
Yes

PROJECT DIRECTOR:
Eddy Harris

PHONE:	FAX:	E-MAIL:
(706) 867-7297	(706) 867-7299	edd.harris@lumpkincounty.gov

DEPARTMENT DIRECTOR OR DESIGNEE APPROVING SUBMISSION:	SIGNATURE:	DATE:
Eddy Harris, Animal Shelter Director	Eddy Harris for	4-21-15

REVIEWED & APPROVED BY FINANCE:	SIGNATURE:	DATE:
Mark French, Budget & Grant Analyst	Mark French	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. _____

_____

_____

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.

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:

_____

_____

_____

_____

_____

_____

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? _____
_____

_____

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

_____

_____

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V. Grant Proposal Information

Amount of Grant Funding Request: $ _____

Please describe your goals and work plan for using the grant funding requested.

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Approximately, how many sterilization procedures do you hope to perform with the requested funding?

_____ Dog Spay _____ Dog Neuter

_____ Cat Spay _____ Cat Neuter

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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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. _____

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)?

_____

_____

_____

_____

GEORGIA DEPARTMENT OF AGRICULTURE
DOG AND CAT STERILIZATION GRANT PROGRAM 2015

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: