

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

Spay/Neuter Kentucky Program - 2024 Grant Application

Instructions: Fill out completely all documents. Emailed/scanned applications will be accepted until midnight, July 15, 2024 at: michael.grant@ky.gov , **no faxed applications, or mailings will be accepted.**

County/Metro Government _____

Address _____
Street P.O. Box City Zip

Phone _____ Website Address _____

2024 Grant Administrator _____

Admin Email _____ Admin Evening Phone _____
(Please note that the awards committee may need to contact the grant administrator during the evening)

AMOUNT OF FUNDS REQUESTED: \$ _____ (MAXIMUM OF \$1,075)
AMOUNT OF MATCHING DOLLARS FROM APPLICANT: \$ _____.
NO MATCH IS REQUIRED, BUT PREFERENCE WILL BE GIVEN TO APPLICANTS OFFERING MORE MATCHING DOLLARS.

FOR THIS GRANT:

Average anticipated alteration cost per canine _____ Male _____ Female
Average anticipated alteration cost per feline _____ Male _____ Female

FOR YOUR LAST GRANT

Average alteration cost per canine _____ Male _____ Female
Average alteration cost per feline _____ Male _____ Female

Vet or Clinic providing these cost estimates: _____
Your written cost estimate must be attached to this application. 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 and award amounts will be based in part on costs.

THIS IS A MATCHING GRANT.

Spay/Neuter grant will be ranked on the percent of matching funds of the applicant as a criteria for reward. While the maximum award amount is \$1,075, the applicants will be ranked and evaluated based on the matching dollars they provide. For example: County A will match 500 dollars of the grant while County B will match \$1,075 dollars of the grant. County B will be ranked above County A for this criteria.

This is a change from grants administered in past years. The 2024 grants are only offered to governmental entities. Governmental entities may partner with non-profits to obtain the best use of resources.

Is spay/neuter required for all adopted animals in your county shelter? Yes ___ No ___
If YES: Is surgery done *before* release to new owner or rescue group? Yes ___ No ___
If NO: Describe follow-up procedure to ensure spay/neuter has been completed for adopted and animals released to rescue groups:

- Please note that favorable ranking will be given to mandatory programs.

Each county is required by state law to employ an Animal Control Officer. Does your county employ an Animal Control Officer? Yes ___ No ___

REQUIRED ATTACHMENTS (check off each document):

- ___ A written cost estimate for alterations.
- ___ Completed Kentucky Animal Shelter Survey
- ___ Spay/Neuter program description document.

Acknowledgement:

I, _____, am the person responsible for submitting this grant, and hereby attest that the application and attachments are correct and accurate to the best of my knowledge.

Administrator Printed Name

County Judge Executive/ Mayor

Date

Date

Kentucky Department of Agriculture 2024 County Animal Shelter Survey

County: _____ Date Completed _____

Animal Control Officer: _____

Have you completed the training referred to in 302 KAR 101:010? Yes _____ No _____

Physical (NOT MAILING) address of the County Animal Shelter:

Is this shelter managed by the county or under contract for management? Please circle:

County Managed

Contract Managed

If contract managed, who is the contractor? _____

Shelter Phone Number: _____

Shelter Email Address: _____

Shelter Hours:

Monday _____ until _____

Tuesday _____ until _____

Wednesday _____ until _____

Thursday _____ until _____

Friday _____ until _____

Saturday _____ until _____

Sunday _____ until _____

Approximately how many animals come to your shelter yearly?: _____ dogs _____ cats