



STATE OF CONNECTICUT

DEPARTMENT OF AGRICULTURE  
ANIMAL POPULATION CONTROL PROGRAM

Feral Cat Grant Application Form

Deadline: **\*\* August 31, 2020 \*\***



Send to:

State of Connecticut  
Department of Agriculture  
Animal Population Control Program  
450 Columbus Boulevard, Suite 702  
Hartford, CT 06103

**I. ORGANIZATION PROFILE**

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

Tax Identification Number: \_\_\_\_\_

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

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

Address of Organization/Facility if Different From Above: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Name/Title of Person Filing Grant Application Form: \_\_\_\_\_

Name/Title of Organization Contact Person: \_\_\_\_\_

**Which best describes your organization:** (check all that apply):

\_\_\_\_\_ Animal shelter. Describe types and numbers of animals.

\_\_\_\_\_ Foster network. Identify: \_\_\_\_\_ # of dogs/foster homes \_\_\_\_\_ # cats/foster homes

\_\_\_\_\_ Private non-profit organization. (Please describe).

\_\_\_\_\_ Spay/neuter or educational organization that does not handle animals. (Please describe).

\_\_\_\_\_ Other (Please describe): \_\_\_\_\_

Who does your organization report to? Include name, phone, address, and contact person \_\_\_\_\_

\_\_\_\_\_

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## **II. FACILITY PROFILE**

State the reasons animals come to your organization. Include approximate number and type of animal(s) per year and check all that apply:

\_\_\_\_\_ Owner relinquishment \_\_\_\_\_

\_\_\_\_\_ Lost animals brought in by the public \_\_\_\_\_

\_\_\_\_\_ Impounded by municipal animal control \_\_\_\_\_

\_\_\_\_\_ Released to you by another organization/agency \_\_\_\_\_

\_\_\_\_\_ Other (Please describe): \_\_\_\_\_

What is your facility average holding capacity per year for: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other (specify) \_\_\_\_\_

What is your facility maximum holding capacity: Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**State last year's disposition of animals** (total numbers):

	<u>Handled</u>	<u>Adopted</u>	<u>Returned to Owner</u>	<u>Euthanized</u>
Dogs	_____	_____	_____	_____
Cats	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____

**Describe your spay/neuter policy; follow-up procedures and any new protocol you might implement as a result of receiving a grant (include attachments if needed):**

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**What diseases do you routinely test for and vaccinate against? At what point during the animal's stay?**

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**What is your euthanasia policy?**

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**What other animal organizations, municipalities, and/or veterinarians do you work with on a regular basis and in what capacity?**

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**In what town(s) does your organization provide services/assistance?**

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### **III. FUNDING INFORMATION**

**Amount of funding requested from this grant: \$ \_\_\_\_\_**

**Organization Annual Budget: \$ \_\_\_\_\_**

**Organization income from last fiscal year: \$ \_\_\_\_\_**

**Organization expenses from last fiscal year: \$ \_\_\_\_\_**

**Year organization was founded/incorporated: \_\_\_\_\_**

**Year 501(c) (3) status granted: \_\_\_\_\_**

**Does your facility file documentation with the Secretary of State? \_\_\_\_\_**

**Do you own/lease a facility? \_\_\_\_\_ If yes, in what year did occupancy begin? \_\_\_\_\_**

**Number of staff: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Volunteer: \_\_\_\_\_**

**Average number of hours per week for paid staff: \_\_\_\_\_ Hours for volunteer staff: \_\_\_\_\_**

#### **IV. ADDITIONAL INFORMATION**

Please complete the following and submit any pertinent attachments if necessary (please be brief).

1. Describe programs and services you currently provide and how this grant would add to or compliment your organization's current programs and goals.
2. Attach a copy of your organization's mission statement.
3. List your organization's Board of Directors and Officers. Include names, titles, addresses, and phone numbers for each position in the organization and time of service that each individual has been in the position.

#### **V. GRANT PROPOSAL DETAILS:**

- The Animal Population Control Program (APCP) Feral Cat grant provides for the sterilization and two vaccinations for feral cats. **Left ear tipping for identification purposes is mandatory.** This grant is restricted to Connecticut **feral cats only**. A feral cat is defined as being wild by nature and not domesticated.
- A specified number of vouchers will be issued to the recipient organization equal to the monetary award of the grant. Administrative costs will **NOT** be included with the grant award. Grant sterilization and vaccination benefits for feral cats will be the same as presently established by Connecticut General Statute section 22-380i. For the sterilization of a female feral cat, the voucher benefit is \$70; for the sterilization of a male feral cat, the voucher benefit is \$50; and for two (2) vaccinations coincident with the sterilization, the benefit is \$20 (\$10 each). The average benefit per cat is \$80.
- Feral cat vaccination & sterilization vouchers must be performed by a Connecticut Participating Practice. A list of Connecticut Participating Practices will be enclosed with the awards package. **PLEASE NOTE. NOT ALL PRACTICES HANDLE FERALS.** Practices not state certified, but who would like to join the APCP to take advantage of this grant program must be certified prior to performing sterilizations.
- Organizations must include a copy of their federal **501(c) (3)** status along with a copy of **IRS Form 990** for the last filing year.
- Organizations receiving vouchers are encouraged to focus on specific geographical areas rather than sporadic community-wide sterilization.
- Organizations receiving grant awards will be required to complete a **Feral Cat Grant Outcome Report**. All sterilizations must be documented and supported by attaching the **pink** pet owner copy of form APCP-03 to the grant outcome report. The benefits portion of this program will run **until April 30, 2021.** An **Outcome Report must be completed and submitted** to the APCP, postmarked by **May 31, 2021.**

A Feral Cat Grant advisory committee will review all applications soon after the **August 31, 2020** deadline. All applicants will be notified by mail after **September 15, 2020.**

# DEPARTMENT OF AGRICULTURE APCP FERAL CAT GRANT OUTCOME REPORT

The accurate completion and submission of this grant outcome report must be submitted to the APCP, postmarked no later than **May 31, 2021.**

Today's Date: \_\_\_\_\_ Date Grant Funding Was Received: \_\_\_\_\_

Name of your Organization: \_\_\_\_\_

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

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

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose for which grant was used: \_\_\_\_\_

- 1) Number of Feral Cats Assisted by this Grant: \_\_\_\_\_
- 2) Number of Female Feral Cats Sterilized: \_\_\_\_\_ X \$70.00 = \$\_\_\_\_\_ Amount received for females
- 3) Number of Male Feral Cats Sterilized: \_\_\_\_\_ X \$50.00 = \$\_\_\_\_\_ Amount received for males
- 4) Number of Vaccines given at time of Sterilization: \_\_\_\_\_ X \$10.00 = \$\_\_\_\_\_ Amount received for vaccines
- 5) Amount Received from Grant: \$\_\_\_\_\_ **(Total Amounts from #2, #3 and #4)**

Attach documentation to respond to the following requests for information:

- Please list the towns the cats were trapped and released. Attach all pink copies of form APCP-03 (required).
- What were the major benefits to the community?
- How did you measure your level of success?
- What did you learn from this project?
- What changes or suggestions would you recommend to improve this program?
- If this was a collaborative project, did the collaboration go smoothly? Please explain.

**Signatory Page for APCP Feral Cat Grant Application**

I \_\_\_\_\_, \_\_\_\_\_ (title) of \_\_\_\_\_ (name of Organization), hereby certify that I have personally examined and am familiar with the information submitted on this application and all attachments thereto, and I hereby certify that based on reasonable investigation, including my inquiry of any individuals responsible for obtaining the information, that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense pursuant to Connecticut General Statute section 53a-157b and in accordance with any other applicable statutes.

\_\_\_\_\_  
**Signature of Grant Applicant**

\_\_\_\_\_  
**Printed Name of Grant Applicant**

**Dated:** \_\_\_\_\_

**If a grant applicant is either a corporation or company, a limited liability partnership, or a limited liability company, the appropriate certification form (attached) must also be completed.**

**Corporations or Company**

The undersigned, \_\_\_\_\_ does hereby certify that he/she is the \_\_\_\_\_ (title) of \_\_\_\_\_, a \_\_\_\_\_ (state) corporation/company (circle), and that a meeting of the board of directors of said corporation, duly called and held on \_\_\_\_\_ at which a quorum was present and acting, the following resolution was unanimously adopted:

RESOLVED, that \_\_\_\_\_, \_\_\_\_\_ (title) of this Corporation, be and hereby is, authorized to execute and bind in the name of and on behalf of this Corporation, the APCP Feral Cat Application Form and all other documents necessary or appropriate for executing such APCP Feral Cat Application Form on behalf of the corporation and any such documents be, and hereby are, ratified and confirmed, and that the said resolution is now in full force and effect.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and affixed the corporate seal of said \_\_\_\_\_ (corporation or company) this \_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

PLACE SEAL

**Partnership or Limited Liability Partnership**

The undersigned, \_\_\_\_\_ (name of general partner) does hereby certify that he/she is the \_\_\_\_\_ (general partner) of \_\_\_\_\_, (name) partnership/limited liability partnership (circle), and as such, is authorized to execute and bind in the name of and on behalf of this partnership/limited liability partnership (circle one), the APCP Feral Cat Application Form and all other documents necessary or appropriate for executing such APCP Feral Cat Application Form on behalf of the partnership/limited liability partnership (circle one).

IN WITNESS WHEREOF, the undersigned has affixed his/her signature this \_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature of General Partner

**Limited Liability Company**

Name of Limited Liability Company (LLC): \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Member Names: \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF MEMBER OR MANAGER**

The undersigned \_\_\_\_\_ does hereby certify that he/she is the  
\_\_\_\_\_ (title) of \_\_\_\_\_, a LLC

and that as the \_\_\_\_\_ (title) he/she is empowered and authorized by the LLC's articles of organization to execute and bind in the name of and on behalf of this LLC and thereby execute and bind in the name of the applicant, this APCP Feral Cat Grant Application and all other documents necessary or appropriate for executing such APCP Feral Cat Grant Application and his/her execution be and hereby are ratified and confirmed, by the execution of this certificate.

\_\_\_\_\_  
Signature of Member/Manager Duly Authorized L.S.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature this \_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_. The LLC has no seal.

If the LLC has a seal, place it here.  
If the LLC has no seal, the "L.S." notation may be used with statement that the LLC has no seal.

