



Funding for Care and Maintenance of Feral Cat Colonies APPLICATION - From 2019-2022 Budget Initiative N-81

Purpose:

The purpose of this funding is to provide Lethbridge-based animal rescue organizations and concerned individuals with financial assistance and guidelines for care and maintenance of feral cat colonies in the City of Lethbridge. Applicants will be funded on a per-colony basis until the fund is expended (\$10,000/year). N-81 runs out at the end of 2022.

Limitations:

- 1) Funding under this program is limited to the budget required/requested for care and maintenance of the specified colony.
- 2) Funding will be provided for costs related to veterinary care, including, but not limited to:
 - a) emergency veterinary care;
 - b) spay/neuter services;
 - c) ear tipping;
 - d) vaccinations; and
 - e) parasites.
- 3) Funding is intended to assist with costs related to the care of animals, including, but not limited to:
 - a) food;
 - b) shelter structures;
 - c) litter and litter pans;
 - d) blankets; and
 - e) fans/heaters.
- 4) Applicants must be based in Lethbridge.
- 5) The animals rescued by the applicant must, predominantly, originate within the City of Lethbridge boundaries.
- 6) Applicants agree to follow the Care and Maintenance Guidelines of Feral Cat Colonies (please see attached document)

This funding has resulted from City Council Budget 2019-2022 Initiative N-81 (revised) and \$10,000 will be available each of those years for the above purposes. Funds must be expended according to the agreed upon funding disbursement and unexpended portions thereof will be returned to the City of Lethbridge.

For more information, please contact:

Sheri Marchant
Bylaw Officer
Phone: 403 320 3169
Sheri.merchant@lethbridge.ca



Funding for Care and Maintenance of Feral Cat Colonies

APPLICATION - (REVISED FROM BUDGET 2019-2022 N-81 PILOT PROJECT TO MITIGATE THE FERAL CAT PROBLEM)

PART A – APPLICANT INFORMATION

IF INDIVIDUAL APPLICATION GO TO PART B

Organization Application

Formal legal name, as it appears on Certificate of Incorporation (cheque will be made payable to name of organization as it appears here) -

ORGANIZATION MUST BE BASED IN THE CITY OF LETHBRIDGE

LEGAL STATUS

Incorporated	<input type="checkbox"/> Yes	Incorporation Number _____	<input type="checkbox"/> In Process
	<input type="checkbox"/> No	Act Incorporated Under _____	↓ Date Applied _____

Organizations that are not incorporated may apply under the auspices of an affiliate or sponsoring organization. If this is your situation, complete the following information regarding Affiliate Organization.

Affiliate Organization:

Legal Name of Affiliate _____ **MUST BE BASED IN THE CITY OF LETHBRIDGE.**
(as it appears on the Certificate of Incorporation).

Incorporation Number of Affiliate _____ Act Incorporated Under _____

The undersigned officer of the affiliate organization hereby gives permission for the above named applicant to utilize our incorporation number for the purpose of obtaining funding through the Non-Veterinary Assistance for Animal Rescue Organizations Program.

PART B – CONTACT INFORMATION

Contact Person's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other				Title	
Street Address (City, Province/Territory, Postal Code)				Mailing Address (if different)	
Office Tel. No. ()	Residence Tel. No. ()	Fax ()	Email	Website	
Date: <div style="display: flex; justify-content: space-around;"> _____ Month _____ Day _____ Year </div>					

OFFICE USE ONLY

Date Received

PART C – AFFIRMATION

APPLICANT AGREEMENT:

I DECLARE THAT:

I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION OR I AM AN INDIVIDUAL APPLICANT APPLYING ON BEHALF OF MYSELF.

- The information contained in this application and supporting documents is true and accurate.
- The funding will support the care and control of the identified feral cat colony.
- An accounting and spending, showing compliance with conditions of the grant shall be provided at completion of the project as well as any and all interim reports requested by the Animal Welfare Committee.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the City of Lethbridge representatives.

AUTHORIZED SIGNATURE

<i>Authorized Signature (in blue ink)</i>	<i>Name and Title (if applicable) - please print</i>	<i>Date</i>

Please complete the following:

Colony Name (based on location):
Street Address of Feral Cat Colony:
Identified Caregiver: Name, Address, Phone Number, Email address
Start date of project:
#1. Number of cats in the colony: Description of the colony: - Location of cats in relation to landmarks and buildings: - Migration pattern of cats in proximity to neighborhood: - Estimated number of cats to be spayed/neutered: - Number of noticeably pregnant cats: - Number of kittens: - If possible, a physical description of cats:
#2. Have you previously trapped feral cats? - If yes, where? - If no, do you need assistance to trap cats? Are you able to transport trapped cats to/from vet clinic? -If no, what type of assistance would you require?
#3 Do you acknowledge that you have read the Care and Maintenance Guidelines of a Feral Cat Colony as produced by the Animal Welfare Committee and agree to follow the directions contained within it?
Have you/your organization received funding from the City of Lethbridge in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include the name of the most recent funding, the year in which it took place, the amount awarded and indicate if a follow-up report was submitted. _____ Follow-up Report Submitted: <input type="checkbox"/> Yes Name Year \$ Amount <input type="checkbox"/> No

