



Mitigate the Feral Cat Problem 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.

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;
 - e) parasites.
- 3) Funding for veterinary care must include an estimate for services provided by a veterinary clinic.
- 4) 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;
 - e) fans/heaters;
- 5) Applicants must be based in Lethbridge.
- 6) The animals rescued by the applicant must, predominantly, originate within the City of Lethbridge boundaries.
- 7) Applicants agree to follow the Care and Maintenance Guidelines of Feral Cat Colonies (please see attached document)

For more information, please contact:

Sheri Merchant
Bylaw Enforcement Officer
403 320 3169
Sheri.merchant@lethbridge.ca



Mitigate the Feral Cat Problem - Application

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

<input type="checkbox"/> Yes	<input type="checkbox"/> In Process
Incorporated	Incorporation Number _____
<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 _____ 6. 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: _____
 _____ Month _____ Day _____ Year

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 Have you read the Care and Maintenance Guidelines of a Feral Cat Colony as produced by the Animal Welfare Committee? - If yes, do you agree to follow the directions as written in the guidelines? - If no, please stop here, read the guidelines and then answer #3 above.
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

PROJECT/INITIATIVE BUDGET The project must be balanced which means that the anticipated revenue plus the funding requested must equal the planned expenditures.

A-PLANNED EXPENDITURES (itemize and list costs)		B-ANTICIPATED REVENUE	
		<ul style="list-style-type: none"> Financial support from other organizations, and provincial/federal governments. Funding from your organization. Donations in kind (itemize & list estimated donations) 	
EXAMPLE:		Financial Support	
5 Spay @ \$270 each	1350		
4 Neuter @ 150 each	600		
Ear Tipping (Included)			
Vaccinations @ \$70 each	630		
Food	400		
Total cost of project	\$2980		
Note: Veterinary clinics in Lethbridge must be used for this project			
		Donations in kind	
		Funding from your organization	
		Total anticipated revenue (B)	
		C-FUNDING REQUESTED	
		Total anticipated expenditures (A)	
		<u>Minus</u> total anticipated revenue (B)	
		Funding Requested (C)	
		List specific items to be paid for from the funding:	
		\$	
Total planned expenditures (A)			
IMPORTANT REMINDER:			
<p>In accordance with due diligence requirements, please ensure that the application form is complete, that all budget calculations are correct and all required documentation has been provided.</p> <p>Failure to follow these directives may delay processing of the application.</p>			
		TOTAL FUNDING REQUESTED = (C) \$ _____	