

Columbus Consolidated Government
GRANT APPLICATION APPROVAL & CHECKLIST

All grants from all departments must be approved by City Council via resolution before the application can be submitted. This form must be approved by Finance before resolution can be placed on Council agenda. Please complete items 1 through 9 and keep a copy of this form for use in subsequent progress tracking.

Your Name: Contreana Pearson **Ext:** 4687 **Dept/Division:** Public Works/Animal Control

Official Name of Grant: Funding for Animal Shelter Capital Improvement

Grantor (issuer) Atlanta Humane Society **Application Deadline:** January 13, 2022

Grant purpose Capital Improvement Projects

1. The dates of this grant are from February 2022 to February 2024.
2. Total amount of award anticipated (including any local match): \$10,000 - \$30,000
3. There is no local match requirement for this grant.
 The dollar amount of the required match is \$ _____, which represents _____% of the grant, of which:

 \$ _____ represents the amount of cash match, and/or
 \$ _____ represents the amount of in-kind match.

NOTE: If there is a match, it MUST be indicated in the Agenda Report and Resolution.

4. The grant manager/finance manager/or other designated contact person for this grant is:
Contreana Pearson, Interim Division Manager

The above person will be responsible for preparing the grant application, being aware of all requirements and conditions of the grant, preparing the grant reimbursement requests, preparing any other reports required by the grant, and submitting copies of all required documentation to the Grant Compliance Accountant, unless otherwise indicated below:

5. The person(s) responsible for purchases and financial reporting for this grant is(are) aware of and will abide by all applicable Columbus Consolidated Government policies and procedures, including but not limited to the Grants Management Policy and Employment Process Policy. *(Please Initial)*
6. The budget for this grant (including revenue source, local match (if required), and expenditures per the grant) will be submitted ASAP to the Grant Compliance Accountant. *(Please Initial)*
7. Copies of the following will be submitted to the Grant Compliance Accountant:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Grant Application | <input type="checkbox"/> All drawdown requests |
| <input checked="" type="checkbox"/> Grant Award Notification | <input type="checkbox"/> Budget amendment requests |
| <input checked="" type="checkbox"/> Grant Contract | <input type="checkbox"/> Grant correspondence |
| <input checked="" type="checkbox"/> Approved Resolution | <input type="checkbox"/> Grant Closeout |
| <input checked="" type="checkbox"/> All required financial reports | |

NOTE: The Agenda Report and Resolution must both include wording to state that, if the grant is accepted and approved, the applicable Grant Fund will be modified by the amount of revenues and expenditures of the grant.

8. Will any personnel be paid out of this grant? Yes No

If Yes, you MUST complete the personnel information section on Page Three.

9. X Copies of the grant solicitation/announcement and application are attached to this request. If application is online, please attach printable versions or screen shots.

Submitted: Gregory Pearson Date: 12/30/2022
Grant Administrator

Approved: _____ Date: _____
Agency/Supervising Official

Reviewed: _____ Date: _____
Grant Compliance Accountant

Approved: _____ Date: _____
Finance Director

Subsequent tracking:

Date:

_____ Resolution/Agenda Report created for Council Agenda and submitted to Grant Compliance Accountant for review.

_____ Action Summary Sheet completed with Resolution/Agenda Report attached

_____ Date of Council Session for which Resolution/Agenda Report is submitted

_____ Approved by Council

_____ Application completed and submitted

_____ Application awarded not awarded

_____ If awarded, grant budget request completed and submitted to Financial Planning

_____ Copies of Council resolution, grant solicitation, grant application, grant award notification, and unsigned grant contract submitted to Grant Compliance Accountant for obtaining signatures as needed.

_____ Grant contract signed by signing authority and returned for submission.

_____ Communication with Grant Compliance Accountant regarding financial report submission, drawdown procedures and notifications, other grant requirements and reporting.

THIS SECTION MUST BE COMPLETED IF ANY PERSONNEL WILL BE PAID WITH THIS GRANT.

N / A

Position Title	New Slot	Existing Slot	Pay Grade	Rate of Pay	Hourly or Biweekly (Yes or No)	Hrs worked per week	% Level of effort

Note: Any new slots created for this grant will end upon the completion of this grant, unless otherwise authorized by the City Manager.

atlanta hu♥ane society

Capital Improvement Grant Application 2022-2023

This grant is for capital improvements that would help raise Live Release Rate for canines in the state of Georgia. AHS will be administering at least 10 grants of between \$10,000 and \$30,000 each towards this goal. Grant applications will be accepted until January 13, 2023. Please complete the survey in order to be considered.

Capital improvements are defined as permanent structural alteration or repair to a property that improves it substantially. These include, but are not limited to, flooring, fencing, insulation, HVAC, roof/wall/kennel repair, etc.

This grant does not fund operating/staffing expenses, program support, pet food & supplies, vehicles, or veterinary assistance and equipment.

At this time, improvements for only cats cannot be a part of this grant but we are actively trying to find grantors for felines. Please email statewide@atlantahumane.org if you would like to be put on the notification list for felines, should that grant become available.

Thank you for all you do to support the rescue animals in Georgia!

Company name *

Street address 2 *

City *

State/Region *

Postal code *

Counties Served (GA only) *

EIN

Primary Contact - First name *

Primary Contact - Last name *

Primary Contact - Email *

Primary Contact - Phone number *

Secondary Contact - First Name *

Secondary Contact - Last name *

Secondary Contact - Email *

Secondary Contact - Phone number *

Number of employees *

Number of Volunteers *

Shelter Software Used *

- Petpoint
- Animal Shelter Manager
- Shelter Buddy
- ShelterLuv
- Chameleon
- Other Software
- Paper/Notebooks
- None

On a scale of 1 to 5 with 1 being Not At All Confident and 5 being Extremely Confident, how confident are you in the quality and accuracy of your data collection? *

- 1
- 2
- 3
- 4
- 5

Organization Category *

- Privately Run
- Municipality
- Not Sure

Intake Category *

- Open Admission
- Limited Admission
- Not Sure

Is your organization a non-profit (501c3)?

- Yes
- No
- Not Sure

If you're a municipality, do you have a Friends Of 501c3 group?

- Yes
- No
- Not Sure

Does your organization have contracts for animal control in the following areas? *

- City/Cities
- County
- Both City & County
- None

Canine Capacity *

Feline Capacity *

Stray Hold (Days) *

Enter zero if your area doesn't have a stray hold policy

Does your stray hold exclude the following? *

- Weekends
- Holidays
- Both weekends & holidays
- None

For the following questions:

Intakes = stray, owner surrender, seizures, transfers in, etc

Outcomes = adoption, transfer out, return to owner, euthanasia, died in care, etc

2021 Canine Intakes *

2021 Canine Outcomes *

2021 Canine Euthanasias *

2019 Canine Intakes

2019 Canine Outcomes

2019 Canine Euthanasias

What kind of housing does your rescue employ for animals in care? *

- Shelter
- Foster Homes
- Boarding Kennels
- Veterinarian's Office
- Other

If you're a municipality, do you have a Friends Of 501c3 group?

- Yes
- No
- Not Sure

Does your organization have contracts for animal control in the following areas? *

- City/Cities
- County
- Both City & County
- None

Canine Capacity *

Feline Capacity *

Stray Hold (Days) *

Enter zero if your area doesn't have a stray hold policy

Does your stray hold exclude the following? *

- Weekends
- Holidays
- Both weekends & holidays
- None

For the following questions:

Intakes = stray, owner surrender, seizures, transfers in, etc

Outcomes = adoption, transfer out, return to owner, euthanasia, died in care, etc

2021 Canine Intakes *

2021 Canine Outcomes *

2021 Canine Euthanasias *

2019 Canine Intakes

2019 Canine Outcomes

2019 Canine Euthanasias

What kind of housing does your rescue employ for animals in care? *

- Shelter
- Foster Homes
- Boarding Kennels
- Veterinarian's Office
- Other

What do you feel are your areas most in need of assistance? Please select up to 5. *

- Dog Housing
- Cat Housing
- Overall facility
- Volunteer Program
- Foster Program
- Progressive Programs
- Enrichment/Behavior
- Transport
- Vaccine/Chip Clinics
- Marketing/Social Media
- Grants/Fundraising
- Shelter Medicine
- Community Outreach
- Legal Assistance
- Administrative Assistance (HR, Finance, etc)
- Spay/Neuter

On a scale of 1 to 5 with 1 being No Impact and 5 being Huge Impact, how much does infectious disease negatively impact the animals in your shelter? *

- 1
- 2
- 3
- 4
- 5

What diseases do you consider to be an issue for your shelter? Select all that apply. *

- Feline URI
- Canine URI/Kennel Cough
- Ringworm
- Hookworms or Whipworms
- Roundworms or Tapeworms
- Coccidia
- Giardia
- Leptospirosis
- Parvovirus
- Panleukopenia
- Calicivirus
- Distemper
- None

What is your single largest roadblock to increasing Live Release Rate for canines in your shelter? *

Please outline your **Top Three** projects you would like to address through this capital improvement grant. Please include estimated budget and reasoning for how it would positively impact Live Release Rate for dogs in your care.

#1 Grant Project *

#2 Grant Project *

#3 Grant Project *

Would your organization be able to fundraise to match in order to perform additional or larger scale improvements? *

- No
- Yes, 5-25%
- Yes, 26-50%
- Yes, 51-75%
- Yes, 76-100%
- Yes, more than 100%

Please upload the following current documents to be considered.

Rescues must upload a 501c3 letter and a 990.
Municipalities must upload a shelter license and a W9.

Rescues must upload a 501c3 letter and a 990.
Municipalities must upload a shelter license and a W9.

W9 or 990 IRS tax form *

No file chosen

501c3 Letter

No file chosen

Current Shelter License

No file chosen

Program Affiliate Type

- TNR B2B
- Ambassador
- GOODS program
- Supply Share program
- Volunteer
- Pet Food Referral Agency program
- Capital grant
- Vehicle grant
- Shelter B2B

Contreana Pearson

From: Statewide <statewide@atlantahumane.org>
Sent: Thursday, December 29, 2022 4:12 PM
To: Contreana Pearson
Subject: [EXTERNAL] Funding for Animal Shelter

Importance: High

Time is running out, don't forget to apply!

AHS will be administering capital improvement grants between \$10,000 and \$30,000 to 10 recipients. For consideration, grant applications must be completed via the link below AND required attachments must be submitted by **Friday, January 13, 2023, at 5:00 PM.**

At this time, funding is limited to canine projects and organizations in the state of Georgia. All projects must be able to demonstrate within one year, with organizational-specific data, a direct impact on saving dogs' lives via capital improvement projects. Capital improvements that save dogs' lives can include, but are not limited to replacing dirt or other porous flooring with concrete to decrease disease transmission, adding kennels to increase lifesaving capacity, adding HVAC or insulation to create climate-controlled housing, rearranging and/or creating housing areas to minimize stress or decrease disease spread, etc.

[Click Here for the Application](#)

TIMELINE:

Application Review - Dec 14 - Jan 13

Select finalists & perform site visits - Jan 13 - 31

Select grant recipients - Feb 1 - 9

Award notification - Feb 10, 2023

Community Outreach Team of Atlanta Humane Society

atlanta humane society

404.974.2878 (Direct) 404.875.5331 (Main)

FOLLOW US | [website](#) | [facebook](#) | [instagram](#) | [twitter](#)

Columbus Consolidated Government
GRANT APPLICATION APPROVAL & CHECKLIST

All grants from all departments must be approved by City Council via resolution before the application can be submitted. This form must be approved by Finance before resolution can be placed on Council agenda. Please complete items 1 through 9 and keep a copy of this form for use in subsequent progress tracking.

Your Name: Contreana Pearson Ext: 4687 Dept/Division: Public Works/Animal Control

Official Name of Grant: Funding for Animal Shelter Capital Improvement

Grantor (issuer) Atlanta Humane Society Application Deadline: January 13, 2022

Grant purpose Capital Improvement Projects

1. The dates of this grant are from February 2022 to February 2024.

2. Total amount of award anticipated (including any local match): \$10,000 - \$30,000

3. There is no local match requirement for this grant.
 The dollar amount of the required match is \$ _____, which represents _____% of the grant, of which:

\$ _____ represents the amount of cash match, and/or
\$ _____ represents the amount of in-kind match.

NOTE: If there is a match, it MUST be indicated in the Agenda Report and Resolution.

4. The grant manager/finance manager/or other designated contact person for this grant is:

Contreana Pearson, Interim Division Manager

The above person will be responsible for preparing the grant application, being aware of all requirements and conditions of the grant, preparing the grant reimbursement requests, preparing any other reports required by the grant, and submitting copies of all required documentation to the Grant Compliance Accountant, unless otherwise indicated below:

5. The person(s) responsible for purchases and financial reporting for this grant is(are) aware of and will abide by all applicable Columbus Consolidated Government policies and procedures, including but not limited to the Grants Management Policy and Employment Process Policy. *(Please Initial)*

6. The budget for this grant (including revenue source, local match (if required), and expenditures per the grant) will be submitted ASAP to the Grant Compliance Accountant. *(Please Initial)*

7. Copies of the following will be submitted to the Grant Compliance Accountant:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Grant Application | <input type="checkbox"/> All drawdown requests |
| <input checked="" type="checkbox"/> Grant Award Notification | <input type="checkbox"/> Budget amendment requests |
| <input checked="" type="checkbox"/> Grant Contract | <input type="checkbox"/> Grant correspondence |
| <input checked="" type="checkbox"/> Approved Resolution | <input type="checkbox"/> Grant Closeout |
| <input checked="" type="checkbox"/> All required financial reports | |

THIS SECTION MUST BE COMPLETED IF ANY PERSONNEL WILL BE PAID WITH THIS GRANT.

Position Title	New Slot	Existing Slot	Pay Grade	Rate of Pay	Hourly or Biweekly (Yes or No)	Hrs worked per week	% Level of effort

Note: Any new slots created for this grant will end upon the completion of this grant, unless otherwise authorized by the City Manager.

4910 Milgen Road • Columbus, GA 31907
Direct Tel: 706-225-4687 Office Tel: 706-653-4512
Email: cpearson@columbusga.org

