Review/Submit

# Heartworm Positive Care Package for Dogs - Capacity for Care

Please review your grant application to ensure everything is correct. If you need to make any changes, click on the "Back to Record" button on the right. If you want to print a copy, click on the "Print" button. When you are ready to submit this to Maddie's Fund, click on the "Submit" button. You will not be allowed to make any changes after that.

Once you submit your grant application, you will receive an automated email from Maddie's Fund confirming your application has been submitted. If you do not receive this email, please contact the Maddie's Fund Grants Team at 925.310.5450 or grants@maddiesfund.org as your application may not have been submitted.

If you do not submit your application, it will remain in "In Progress" status, and will not be reviewed by Maddie's Fund.

#### **Project Information**

Please provide a project title for this application:

Heartworm Positive Care Package for Dogs - Capacity for Care

How much funding are you requesting to implement this lifesaving program (not to exceed \$5,000)?

\$4,807.60

Approximately how many additional lives will be saved as a result of this lifesaving program? (Please enter only a numerical value in the space below. If you are unsure of the exact number, give us your best estimate. If you need assistance in calculating this number, please contact the Maddie's Fund Grants Team at 925.310.5450 or grants@maddiesfund.org.)

280

Lifesaving program you're applying to implement (you must select one of the below categories or your application will

not be accepted):

Capacity for Care

What are you trying to achieve and in what timeframe?

Our goal is to create a program and promote it to provide a 3 month supply of Heartgard to dogs who have tested heartworm positive at the shelter. Currently, under our county budget, we do not have the means to provide any preventative on intake, during their length of stay or post adoption. One of our biggest issues is being able to adopt out the heartworm positive dogs when we cannot provide any treatment options. This would be a great litmus test for us to gather the data that we need to see if providing some form of treatment for the potential adopters, with the proper marketing, would make a difference in the perception of the dog, interest in adopting and then adopting. We would like to provide this option over a 12 month period and measure the results and with the ultimate goal of being able to provide heartworm preventative on intake and for all adoptions regardless of heartworm test results. For the requested amount, we feel that 280 dogs would benefit from this based on the cost of 3 months of treatment for the average 50 pound dog.

How will you measure or evaluate your success?

We will be looking at the number of dogs that have been adopted in 2018 that tested heartworm positive and track the number of dogs in 2019 who are adopted with a HW+ Take Home Care package promoted.

Have you, or anyone in your organization, attended or been accepted to a Maddie's<sup>®</sup> Apprenticeship Program?

If yes, which Maddie's® Apprenticeship Program(s) have you attended or been accepted to?

Did you, or anyone in your organization, attend the National Animal Care & Control Association's Training Conference in Denver, CO (October 11 - 12, 2018)?

### **Head Of Organization**

Please provide us with the contact information for the head of your organization. First, click on the "Search/Add Members" button to search for the head of your organization in our database. If that person's name is in the drop-down menu, select their name and title and click "Save". If you are the head of your organization, select your name in the drop-down menu.

If you do not see their name in the drop-down menu, click on "Cancel", and then click "Invite New Members" to send them an invitation to register. Please let this person know that they will receive an email from Maddie's Fund inviting them to register for our Grants Portal.

If you are collaborating on this application with other members in your organization who are not the head of your organization, you can add them to this application using the instructions above.

Name Title

Barbara Vass Applicant; Business User

Robert Hebert Head of Organization

## **Pending Invited Team Members**

First Last Email Status Role

Rene Vasquez rene.vasquez@fortbendcountytx.gov Pending Collaborator

Robert Hebert county.judge@fortbendcountytx.gov Pending Head of Organization

#### **Payment Contact**

First Name: Maria

Last Name: Segura

Title: County Treasurer

Email Address: maria.sequra@fortbendcountytx.qov

Phone Number: (281) 238-2296

#### **Organization Information**

Please review your organization's information and make any necessary changes. If any information on this tab is missing, your application will be considered incomplete. Be sure to read through the Maddie's Fund Grant Requirements (http://www.maddiesfund.org/grant-requirements.htm) before completing this tab.

Legal Name

Fort Bend County

**Organization Name** 

Fort Bend County Animal Services

AKA

EIN

74-6001969

Organization Phone

(281) 342-1512

Ext

Billing Street

301 Jackson Street Attn: Animal Services

Billing City

Richmond

Billing State/Province

TX

Billing Zip/Postal Code

77469

U.S. County

Fort Bend

Website

http://www.fortbendcountytx.gov

**Annual Animal Statistics Link** 

 $\underline{\text{https://www.fortbendcountytx.qov/qovernment/dep...}}$ 

Lifesaving Percentage Link

https://www.fortbendcountytx.gov/government/dep...

**Shelter Animals Count** 

Yes

Million Cat Challenge

Yes

If no Shelter Animals Count, explain.

If no Million Cat Challenge, explain.

Cats

1,000 to 4,999

**Organization Type** 

Government Animal Services

Dogs

1,000 to 4,999

If Other org. type, please explain.

#### **Submitted By**

Please review your information and make any changes if needed.

Salutation

First Name

Barbara

Middle Name

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Last Name

Vass

Suffix

Title

Community Involvement Coordinator

**Business Phone** 

(281) 342-1512

Extension

Home Phone

Other Phone

Email

barbara.vass@fortbendcountytx.gov

Mobile Phone

Alternate Email

#### **Submission Agreement**

My organization is current on all grant reporting requirements for any previous Maddie's Fund grants or has never received a grant from Maddie's Fund. (Please contact Maddie's Fund at 925.310.5450 or grants@maddiesfund.org if you have any questions about this.)

Not Applicable (we've never received a grant from Maddie's Fund)

If no, please explain:

By selecting "Yes", I agree to the above statements. I certify that I have answered all of the questions on every tab of this application (Project Information, Head of Organization, Payment Contact, Organization Information and Submitted By). All the information is complete and correct to the best of my knowledge. I am aware that incomplete applications might not be reviewed by the Maddie's Fund Grants Team.