

Review/Submit

## Return to Field Targeted TNR Pilot Program

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](mailto: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:

Return to Field Targeted TNR Pilot Program

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

\$5,000.00

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](mailto:grants@maddiesfund.org).)

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Lifesaving program you're applying to implement (you must select one of the below categories or your application will not be accepted):

Return to Field

What are you trying to achieve and in what timeframe?

In June, 2018 the Fort Bend County Commissioner's Court amended language to an ordinance which would allow for ear-tipped cats to be exempt from our leash law. Prior to that change, all feral/community cats were euthanized on intake. After the change, we began a pilot program in two areas of the county to introduce and educate those two communities on the benefit of a TNR feral/community cat program. Our goal is to expand the pilot program to in specific areas of Fort Bend County where data has shown there is the greatest need for the program. We would like to prove the viability of the program over a one to two year period and present the data to our Commissioners Court and request to make TNR a permanent service to the citizens of Fort Bend County. Because this is a pilot program, no funding is being provided by the County at this time so we need to rely on grant awards to implement the program and then prove through data that it is a viable program for the cats and the community. For the purposes of this request, we plan on 100 spay/neuter surgeries (including ear tipping and rabies vaccine) at our contract vet at an average cost of \$50 per cat/kitten.

How will you measure or evaluate your success?

Our plan is to measure and evaluate through data collection utilizing our Chameleon software. We will track the number of cats/kittens brought in from the pilot area(s) for 2017, 2018 and 2019, the number and cost of surgeries performed through our contract vets and the number of complaint calls received. In reality though, our success was measured with the very first cat that was spayed/neutered for the pilot program in June 2018.

Have you, or anyone in your organization, attended or been accepted to a Maddie's® 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 Name	Last Name	Email	Status	Role
Rene	Vasquez	rene.vasquez@fortbendcounty.tx.gov	Pending	Collaborator
Robert	Hebert	county.judge@fortbendcountytexas.gov	Pending	Head of Organization

### Payment Contact

First Name:	Maria
Last Name:	Segura
Title:	County Treasurer
Email Address:	<a href="mailto:maria.segura@fortbendcountytexas.gov">maria.segura@fortbendcountytexas.gov</a>
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.

<b>Legal Name</b>	FORT BEND COUNTY
<b>Organization Name</b>	Fort Bend County Animal Services
<b>AKA</b>	
<b>EIN</b>	74-6001969
<b>Organization Phone</b>	(281) 342-1512
<b>Ext</b>	
<b>Billing Street</b>	301 Jackson Street Attn: Animal Services
<b>Billing City</b>	Richmond
<b>Billing State/Province</b>	TX
<b>Billing Zip/Postal Code</b>	77469
<b>U.S. County</b>	Fort Bend
<b>Website</b>	<a href="http://www.fortbendcountytx.gov">http://www.fortbendcountytx.gov</a>
<b>Annual Animal Statistics Link</b>	<a href="https://www.fortbendcountytx.gov/government/dep...">https://www.fortbendcountytx.gov/government/dep...</a>
<b>Lifesaving Percentage Link</b>	<a href="https://www.fortbendcountytx.gov/government/dep...">https://www.fortbendcountytx.gov/government/dep...</a>
<b>Shelter Animals Count</b>	Yes
<b>Million Cat Challenge</b>	Yes
<b>If no Shelter Animals Count, explain.</b>	
<b>If no Million Cat Challenge, explain.</b>	
<b>Cats</b>	1,000 to 4,999
<b>Organization Type</b>	Government Animal Services
<b>Dogs</b>	1,000 to 4,999
<b>If Other org. type, please explain.</b>	

**Submitted By**

Please review your information and make any changes if needed.

**Salutation**

**First Name** Barbara

**Middle Name**  
**Last Name** Vass  
**Suffix**  
**Title** Community Involvement Coordinator  
**Business Phone** (281) 342-1512  
**Extension**  
**Home Phone**  
**Other Phone**  
**Email** [barbara.vass@fortbendcountytexas.gov](mailto:barbara.vass@fortbendcountytexas.gov)  
**Mobile Phone** (832) 317-7682  
**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](mailto: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.



# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Maddie's Fund  
Pleasanton, CA United States

**Certificate Number:**  
2019-438593

**Date Filed:**  
01/07/2019

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

**Date Acknowledged:**  
01/15/2019

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

Maddie's Fund December 2018  
Maddie's Fund Innovation Grant Return to Field

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)