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| Grant Title/Project Name: | Orphan Kitten Club |
| Department: | Animal Services |
| Requestor: | Misty Valenta |
| Contact Email: | mvalenta@wilco.org |
| Contact Phone Number: | 512-943-3597 |
| Start Date: | 10/14/2021 |
| End Date: | 10/14/2022 |
| Please select request category: | Service |
| Describe the purpose of the grant in detail to include all requirements. | This grant is to sustain and increase the lifesaving of the influx of cats and kittens the shelter takes in during the spring and summer months. The Orphan Kitten Club asks that we thank them on social media for their grant. |
| Select the type of grant your department is applying for: | Private Foundation |
| What is the amount of the grant? | \$25,000.00 |
| Please provide a breakdown of the total cost above. | Ten medical sample collecting tools at \$14.99 per, which totals \$149.90. 171 medical diagnostic tests at \$31 per, which totals \$5301. Two season kitten care specialists with a combined budget of \$19,532.02. |
| Is there a match requirement? | No |
| What is the source of the match? | |
| Does the grant cover the cost of the request 100%? | |
| If not, how much is left unpaid? | |
| What is the plan to obtain grants/funds for the remaining amount? | |
| List other similar assets in the County and/or region and if they are available for use? | |
| How is this asset request different from any similar assets currently in the County and/or region? | |
| What types of events/purpose would this asset be used for that cannot be accomplished with a current County asset? | |
| How often do these events occur? | |
| Identify the number of personnel required to operate this asset and/or be available for the function where it is to be used? How much time is required of those personnel? What is the cost of the personnel? | |
| Where will the asset be stored? | |
| What is the useful life of the asset? | |
| Will a replacement be requested from general funds when useful life has been exhausted? | |
| Will other agencies be billed for the use of this asset (e.g. vendors paid, employee worked hours | |

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| and paid, inventory costs etc.)? | |
| Does this asset require insurance coverage? | |
| If yes, what is the estimate of asset insurance coverage? | |
| Will this asset require on-going maintenance? Please describe the maintenance required along with an estimate for these costs. | |
| How will this asset be funded when the grant ends? | |
| What is the impact if the grant is not received? | |
| New Personnel position is: | |
| Where will this position office? | |
| Who will this position report to? | |
| What tasks will this position perform? Include the five primary functions and the percentage of time spent to be spent on each function. | |
| Will this position take over tasks from current County employee? | |
| If yes, please explain the impact to current employee. | |
| How will this position be funded when the grant ends? | |
| Does this position or a similar position currently exist within the department? | |
| If "yes" how many of these similar positions exist | |
| Describe any alternatives considered to achieve desired outcome in lieu of a position (i.e. equipment, software, technology or change in business practice). | |
| Describe how workload will be accomplished/re-allocated should grant not be approved. | |
| List other similar items in the County and/or region and if they available for use? | na |
| How is this item request different from any similar assets currently in the County and/or region? | na |
| What types of events/purpose would this item be used for that cannot be accomplished with a current County asset? | This would provide additional care that the shelter cannot currently provide. |
| Identify the number of personnel required to operate this item and/or be available for the function where it is to be used? | 1 |
| Please explain how this item will create the need for more or less personnel (or mark n/a for no change)? | na |
| Where will the item be stored? | Cat Health Technican Room |
| What is the useful life of the item? | One kitten season |
| Will other agencies be billed for the use of this item (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)? | |

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| Does this item require insurance coverage? | No |
| Will this item require any form of licensing? | No |
| Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs? | no |
| How will this item be funded when the grant ends? | donations or termination of project |
| What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.) | none |
| Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded. | none |
| What is the cost and frequency to maintain/update the additional equipment? | none |
| What is the impact of this grant application on other internal/county departments? | none |
| If yes, what is the estimate of that license fee? | |
| If yes, what is the estimate of insurance coverage? | |
| Will a replacement be requested from general funds when useful life has been exhausted? (OR) | No |
| If yes, how much is the match amount? | |
| ID | 80 |
| Version | 2.0 |
| Attachments | False |
| Created | 10/13/2021 1:51 PM |
| Created By | Misty Valenta |
| Modified | 10/13/2021 1:53 PM |
| Modified By | Misty Valenta |