

Grant Title/Project Name:	Orphan Kitten Club																																																																																																													
Department:	Animal Services																																																																																																													
Requestor:	Misty Valenta																																																																																																													
Contact Email:	mvalenta@wilco.org																																																																																																													
Contact Phone Number:	mvalenta@wilco.org																																																																																																													
Start Date:	3/16/2021																																																																																																													
End Date:	3/26/2021																																																																																																													
Please select request category:	Donation																																																																																																													
Describe the purpose of the grant in detail to include all requirements.	This grant would buy supplies for foster families taking care of cats and kittens. It would also supply trained mentor fosters with materials that can be used when kittens need additional care after hours. This will save staff time and possible medical bills from outside veterinary clinics, because mentor fosters will help keep the kittens stable until the shelter opens.																																																																																																													
Select the type of grant your department is applying for:	Private Foundation																																																																																																													
What is the amount of the grant?	\$4,500.00																																																																																																													
Please provide a breakdown of the total cost above.	<table border="1"> <thead> <tr> <th>Supplies</th> <th>Quantity per bag</th> <th>Price</th> <th>Quantity for season</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Bag/contianer</td> <td>1 bag</td> <td>\$40.00</td> <td>10</td> <td>\$400.00</td> </tr> <tr> <td>Formula</td> <td>1 can</td> <td>\$18.00</td> <td>20</td> <td>\$360.00</td> </tr> <tr> <td>kitten attract</td> <td>1 package</td> <td>\$9.00</td> <td>20</td> <td>\$180.00</td> </tr> <tr> <td>rescue wipes</td> <td>1 Package</td> <td>\$23.00</td> <td>20</td> <td>\$460.00</td> </tr> <tr> <td>flea comb</td> <td>4 combs</td> <td>\$5.00</td> <td>10</td> <td>\$50.00</td> </tr> <tr> <td>nail trimmers</td> <td>1 nail trimmer</td> <td>\$4.00</td> <td>10</td> <td>\$40.00</td> </tr> <tr> <td>Lysine</td> <td>1 container</td> <td>\$23.00</td> <td>10</td> <td>\$230.00</td> </tr> <tr> <td>Mommy's bliss</td> <td>1 package</td> <td>\$9.00</td> <td>20</td> <td>\$180.00</td> </tr> <tr> <td>Nutrical</td> <td>1 tube</td> <td>\$10.00</td> <td>20</td> <td>\$200.00</td> </tr> <tr> <td>Babby Food</td> <td>10 jars</td> <td>\$10.00</td> <td>20</td> <td>\$200.00</td> </tr> <tr> <td>Snuggle safe disc</td> <td>1 disc</td> <td>\$29.00</td> <td>10</td> <td>\$290.00</td> </tr> <tr> <td>Nebulizer</td> <td>1 nebulizer</td> <td>\$35.00</td> <td>10</td> <td>\$350.00</td> </tr> <tr> <td>B12</td> <td>1 vial</td> <td>\$12.00</td> <td>10</td> <td>\$120.00</td> </tr> <tr> <td>Karo</td> <td>1 bottle</td> <td>\$14.00</td> <td>5</td> <td>\$70.00</td> </tr> <tr> <td>Bottles</td> <td>3 bottles</td> <td>\$5.00</td> <td>20</td> <td>\$100.00</td> </tr> <tr> <td>scale</td> <td>1 scale</td> <td>\$15.00</td> <td>10</td> <td>\$150.00</td> </tr> <tr> <td>LRS Fluids</td> <td>1 bag</td> <td>\$10.00</td> <td>20</td> <td>\$200.00</td> </tr> <tr> <td>Miracle Nipples</td> <td>3 nipples</td> <td>\$15.00</td> <td>30</td> <td>\$450.00</td> </tr> <tr> <td>Misc. Medcinies</td> <td>various</td> <td>\$17.00</td> <td>10</td> <td>\$170.00</td> </tr> <tr> <td>Syringes and needles</td> <td>10 various sizes</td> <td>\$10.00</td> <td>30</td> <td>\$300.00</td> </tr> </tbody> </table>					Supplies	Quantity per bag	Price	Quantity for season	Total	Bag/contianer	1 bag	\$40.00	10	\$400.00	Formula	1 can	\$18.00	20	\$360.00	kitten attract	1 package	\$9.00	20	\$180.00	rescue wipes	1 Package	\$23.00	20	\$460.00	flea comb	4 combs	\$5.00	10	\$50.00	nail trimmers	1 nail trimmer	\$4.00	10	\$40.00	Lysine	1 container	\$23.00	10	\$230.00	Mommy's bliss	1 package	\$9.00	20	\$180.00	Nutrical	1 tube	\$10.00	20	\$200.00	Babby Food	10 jars	\$10.00	20	\$200.00	Snuggle safe disc	1 disc	\$29.00	10	\$290.00	Nebulizer	1 nebulizer	\$35.00	10	\$350.00	B12	1 vial	\$12.00	10	\$120.00	Karo	1 bottle	\$14.00	5	\$70.00	Bottles	3 bottles	\$5.00	20	\$100.00	scale	1 scale	\$15.00	10	\$150.00	LRS Fluids	1 bag	\$10.00	20	\$200.00	Miracle Nipples	3 nipples	\$15.00	30	\$450.00	Misc. Medcinies	various	\$17.00	10	\$170.00	Syringes and needles	10 various sizes	\$10.00	30	\$300.00
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Is there a match requirement?	No
What is the source of the match?	
Does the grant cover the cost of the request 100%?	Yes
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 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?	none
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 care that is above and beyond what the shelter already provides for the animals in its care.
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)?	If kittens are kept stable during after hour events, then treatment at the shelter would potentially be less dramatic. This means less time for staff treating kittens who are in a very ill state.
Where will the item be stored?	Shelter supply 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.)?	
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 from the community
What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)	Savings on kitten and cat care supplies
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?	na
What is the impact of this grant application on other internal/county departments?	na
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	71
Version	3.0
Attachments	False
Created	3/17/2021 1:31 PM
Created By	Misty Valenta
Modified	3/17/2021 1:33 PM
Modified By	Misty Valenta