

Grant Title/Project Name:	DSHS Texas Spay and Neuter Grant
Department:	Animal Services
Requestor:	Misty Valenta
Contact Email:	misty.valenta@wilcotx.gov
Contact Phone Number:	737-775-6929
Start Date:	10/1/2026
End Date:	9/30/2027
Please select request category:	Service, Personnel, Asset, \$965,000
Describe the purpose of the grant in detail to include all requirements.	<p>The purpose of this grant is to create a higher population of spayed and neutered cats and dogs in Williamson County, therefore lowering the number of unwanted litters, lowering the intake of the regional shelter, and creating a healthier community pet population.</p> <p>The grant requires quarterly reports that the Animal Shelter will complete.</p> <p>Full requirements:<a href="#">hhs0016872-snoe-open-enrollment.pdf</a></p>
Select the type of grant your department is applying for:	State
What is the amount of the grant?	\$965,000.00
Please provide a breakdown of the total cost above.	<p>Summary of Estimated Surgeries and Reimbursement Amounts Awarded</p> <p>Number of Estimated Canine Surgeries</p> <p>F M Total</p> <p>Q1 150 200 350</p> <p>Q2 150 200 350</p> <p>Q3 200 400 600</p> <p>Q4 200 400 600</p> <p>Number of Estimated Feline Surgeries</p> <p>F M Total</p> <p>Q1 300 300 600</p> <p>Q2 300 300 600</p> <p>Q3 400 400 800</p> <p>Q4 400 400 800</p> <p>Requested Amount per Surgery Category Female Canine: \$300.00 Male Canine: \$250.00 Female Feline: \$200.00 Male Feline: \$125.00</p> <p>Total Requested Amount by Surgery Category Female Canine: \$210,000.00 Male Canine: \$300,000.00 Female Feline: \$280,000.00 Male Feline: \$175,000.00</p>
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 are 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?	Providing free spay/neuter services to pets in our county
Identify the number of personnel required to operate this item and/or be available for the function where it is to be used?	5-6
Please explain how this item will create the need for more or less personnel (or mark n/a for no change)?	We would need to pay for a contract veterinarian, two Animal Health Techs and one Animal Health Specialist to ensure quality care for community owned pets.
Where will the item be stored?	NA
What is the useful life of the item?	NA
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?	Yes
Will this item require any form of licensing?	Yes
Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?	None
How will this item be funded when the grant ends?	Ideally self-funded through clinic profits and grants if we continue the programing
What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)	Budgetarily even
Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded.	Clinic supplies and medications - to be covered by the grant
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?	Lowering the number of unwanted litters of cats and dogs in Williamson County, thus lowing the number of cats and dogs entering the shelter
If yes, what is the estimate of that license fee?	none
If yes, what is the estimate of insurance coverage?	TBD
Will a replacement be requested from general funds when useful life has been exhausted? (OR)	No
If yes, how much is the match amount?	
Please identify any known decrease in funding at this time.	None
Is this a new program to your department/office?	Yes
Please provide data points to be collected to show program success	We will collect data such as species, gender, address, and additional microchipping or licensing information

Please show historical data points or performance measures, statistics, services provided, etc. or any/all updates for re-application	
ID	19
Version	2.0
Attachments	False
Created	2/20/2026 3:47 PM
Created By	Misty Valenta
Modified	2/20/2026 3:47 PM
Modified By	SharePoint App