

Management of Feral Cat Colony Application

Purpose:

The purpose of this funding is to provide Lethbridge-based animal rescue organizations and individuals managing feral cat colonies with financial assistance and [guidelines for care and maintenance of feral cat colonies](#) in the City of Lethbridge.

Applications may be funded on a per-colony basis, based on available funds limited to a single grant application within a 12 month period per applicant.

Limitations:

- 1) Funding under this program is limited to the budget required/requested for care and maintenance of the specified colony.
- 2) Applications **must** include a formalized estimate for services provided by a veterinary clinic. Funding may be provided for costs related to veterinary care, including, but not limited to:
 - a) emergency veterinary care;
 - b) spay/neuter services;
 - c) ear tipping;
 - d) vaccinations; and
 - e) parasites.
- 3) Funding is intended to assist with costs related to the care of animals, including, but not limited to:
 - a) food;
 - b) shelter structures;
 - c) litter and litter pans;
 - d) blankets; and
 - e) fans/heaters.
- 4) The colony outlined in the grant application must be located within the City of Lethbridge boundaries.
- 5) Applicants agree to follow the [Care and Maintenance Guidelines of Feral Cat Colonies](#) (please see attached document).

All applications will be reviewed by the [Animal Welfare Committee](#).

For more information, please contact:

Regulatory Services:

403-320-3074

Email applications to:

regulatoryservices@lethbridge.ca

PART A – APPLICANT INFORMATION (Please print clearly)

Contact Name			
	First Name	Last Name	
Street Address <i>(Include Postal Code)</i>		Mailing Address <i>(If different)</i>	
Phone	Cell	Fax	Email
Website	Date (yyyy-mm-dd)		

PART B – ORGANIZATION INFORMATION (If you are applying on behalf of an Organization please complete information below)

Organization Name			
	Formal legal name, as it appears on Certificate of Incorporation (cheque will be made payable to name of organization as it appears on application)		
Legal Status	Incorporated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process	Incorporation Number	
<i>If In Process Date Applied (yyyy-mm-dd)</i>	Incorporation Act		

PART B(i) - Organizations that are not incorporated may apply under the auspices of an affiliate or sponsoring organization. If this is your situation, complete the following information regarding the Affiliate Organization.

Name of Affiliate			
	Formal legal name, as it appears on Certificate of Incorporation		
Incorporation Number			Incorporation Act

OFFICE USE ONLY Date Received (yyyy-mm-dd)

PART C - AFFIRMATION

APPLICANT AGREEMENT:

I DECLARE THAT: I AM AN INDIVIDUAL APPLICANT APPLYING ON BEHALF OF MYSELF OR I AM A DUY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE ORGANIZATION.

- I am of the legal age in the province of Alberta (18 or older).
- The information contained in this application and supporting documents are true and accurate.
- I confirm that I have read and understood the Care and Maintenance Guidelines of a Feral Cat Colony and agree to follow the guidelines.
- I confirm that the funding I receive will support the care and management of the identified Feral Cat Colony.
- An accounting and spending record, showing compliance with conditions of the grant shall be provided at completion of the project.
- The applicant must update the Animal Welfare Committee as to the status of the Feral Cat Colony upon request.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the City of Lethbridge representatives.

AUTHORIZED SIGNATURE

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Authorized Signature

Name and Title (if applicable) – please print

Date (yyyy-mm-dd)

PART D – COLONY AND CAREGIVER INFORMATION

Colony Name <i>(based on location)</i>		Street Address of Colony	
Identified Colony Caregiver <i>(please print clearly)</i>			
Name of Caregiver	Address		City Postal Code
	First Name	Last Name	
Phone Number	Email		
Have you previously trapped feral cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you read the Care and Maintenance Guidelines of a Feral Cat Colony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your organization received funding from the City of Lethbridge in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, include the name of the most recent funding, the year in which it took place, the amount awarded and if a follow-up report was submitted.			
		Follow-up Report Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Year	Funding Amount (\$)	
Anticipated Start Date <i>(yyyy-mm-dd)</i>			
Estimated number of cats in the colony?			
Estimate number of cats to be spayed/neutered?			
Number of noticeably pregnant cats?			
Number of kittens?			
Location of cats in relation to landmarks and buildings?			
Migration pattern of cats in proximity to neighbourhood?			
If possible, a physical description of the cats?			

