

Guidelines for Applicants

Franklin County Residents ONLY!!

- **MUST BE A CAT OR KITTEN (LIMIT 2 PER HOUSEHOLD)**
- **THE CAT OR KITTEN MUST NOT HAVE BEEN IMPORTED FROM OUTSIDE THE STATE.**
- **APPLICANT MUST BE A NYS RESIDENT (PROOF REQUIRED)**
- **APPLICANT MUST MEET THE LOW INCOME REQUIREMENT (SEE SCHEDULE A ON PAGE 4) OR BE RECEIVING BENEFITS FROM ONE OF THE FOLLOWING PROGRAMS: (PROOF REQUIRED)**
 - **-FOOD STAMPS**
 - **-SUPPLEMENTAL SECURITY INCOME FOR THE AGED (SSI, SSD)**
 - **-BLIND AND DISABLED**
 - **-LOW-INCOMING HOUSING ASSISTANCE**
 - **-FAMILY ASSISTANCE**
 - **-SAFETY NET ASSISTANCE**
 - **-MEDICAL ASSISTANCE**
 - **-OTHER SIMILAR PROGRAMS SUGGESTED BY THE APPLICANT OR THE ASPCA AND APPROVED BY THE AGRICULTURE AND MARKETS COMMISSIONER**
- **ADOPTION FROM A GOVERNMENT SHELTER OR NON-PROFIT ANIMAL WELFARE ORGANIZATION IN NYS WILL REQUIRE PROOF OF LOW-INCOME ASSISTANCE AND ADOPTION FORM FROM AN ELIGIBLE SHELTER.**
- **CATS OR KITTENS ADOPTED FROM ORGANIZATIONS WHOSE ADOPTION FEES INCLUDE THE COST OF SPAY/NEUTER SERVICES ARE NOT ELIGIBLE FOR SPAY/NEUTER SERVICES THROUGH GRANT PROJECTS**
- **FUNDED WITH APCP (ANIMAL CONTROL POPULATION PROGRAMS) FUNDS.**
- **WE WILL BE ACCEPTING 20 QUALIFIED APPLICANTS PER QUARTER.**
*FIRST QUARTER ENDS MAY 1, 2019, SECOND QUARTER END AUGUST 1, 2019
THIRD QUARTER ENDS NOVEMBER 1, 2019 AND FOURTH QUARTER ENDS FEBRUARY 1, 2020*
- **ANY VETERINARY SERVICES BEYOND THE SPAY/NEUTER IS THE FINANCIAL RESPONSIBILITY OF THE APPLICANT.**
- **APPLICANT WILL BE REQUIRED TO FORWARD A \$10 NON-REFUNDABLE PAYMENT TO FOCUS ON FERALS WHEN APPLICATION IS SUBMITTED. PAYMENT THROUGH PAYPAL ALSO ACCEPTED. www.paypal.me/focusonferals (SPECIFY: SPAY/NEUTER DEPOSIT)**
- **IF APPLICANT IS SEEKING ASSISTANCE FOR A FERAL/STRAY CAT FOR WHICH THEY ARE CAREGIVING, APPLICANT MUST BE SURE CAT IS AVAILABLE THE MORNING OF SURGERY. THIS MAY REQUIRE TRAPPING OR CONFINING THE CAT A DAY OR TWO BEFORE THE SCHEDULED SURGERY DATE. IF YOU REQUIRE ASSISTANCE WITH TRAPPING, SUPPLIES FOR CONFINEMENT OR TRANSPORTATION PLEASE EMAIL US AT SAVINGLIVES@FOCUSONFERALSTODAY.COM OR CALL LINDA @ 518-651-5511.**

IF APPLICANT IS UNABLE TO MAKE SCHEDULED APPOINTMENT, A 48 HOUR NOTICE IS REQUIRED. THIS WILL ALLOW US TIME TO SCHEDULE A CAT FROM THE WAITING LIST.

- ***IF APPLICANT IS A “NO SHOW” FOR SCHEDULED APPOINTMENT, WITHOUT ADEQUATE (48 HOUR) PRIOR NOTIFICATION TO FOCUS ON FERALS, APPLICANT WILL NOT BE ALLOWED TO REAPPLY DURING THE NEXT QUARTERS. WE HAVE TOO MANY DESERVING CATS ON A WAITING LIST.***

- ***INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED OR ACCEPTED AND THE \$10 PAYMENT WILL NOT BE REFUNDED!! NO EXCEPTIONS! CATS SHOULD ARRIVE AT THE VET CLINIC IN AN APPROPRIATE CAT CARRIER!***

**HOW TO APPLY FOR THE “SPAY/NEUTER
FOR LOW-INCOME RESIDENTS OF FRANKLIN COUNTY”**

****REQUIRED ITEMS****

- **SPAY/NEUTER APPLICATION**
- **AWARD/ELIGIBILITY LETTER FROM SOCIAL SERVICES PROGRAM (PROOF OF BENEFITS)**
- **PROOF OF NYS RESIDENCY**
- **\$10 NON-REFUNDABLE PAYMENT**

To APPLY ONLINE:

1. **VISIT OUR WEBSITE AT <http://focusferalstoday.com/SpayNeuterGrant.html> , COMPLETE THE APPLICATION AND SUBMIT.**
2. **SCAN AND EMAIL YOUR PROOF OF SOCIAL SERVICES BENEFITS, OR 2018 INCOME TAX RETURN, NYS RESIDENCY AND/OR ADOPTION FORM (IF CAT/KITTEN WAS ADOPTED FROM NYS SHELTER OR RESCUE) AND EMAIL TO SAVINGLIVES@FOCUSONFERALSTODAY.COM WITH THE FOLLOWING FORMAT IN THE SUBJECT LINE: FIRST AND LAST NAME/ SUPPLEMENTARY DOCUMENTS IE. JANE SMITH/SPAY/NEUTER SUPPLEMENTARY DOCUMENTS**
3. **SNAIL MAIL THE REQUIRED \$10 NON-REFUNDABLE PAYMENT TO FOCUS ON FERALS PO Box 274 BRAINARDSVILLE, NY 12915. CHECKS OR MONEY ORDER CAN BE MADE TO FOCUS ON FERALS WITH “SPAY/NEUTER” WRITTEN ON THE MEMO LINE. APPLICATIONS WILL NOT BE APPROVED WITHOUT THE \$10 NON-REFUNDABLE PAYMENT.**
4. **ONCE ALL **REQUIRED ITEMS** HAVE BEEN RECEIVED, APPROVED APPLICANTS WILL BE NOTIFIED BY PHONE OR EMAIL (IF PROVIDED). THE APPLICANT (YOU) WILL SCHEDULE A SURGERY APPOINTMENT, AND WE WILL MAIL YOU THE VOUCHER TO PRESENT TO THE VET CLINIC AT THE TIME OF THE APPOINTMENT.**
5. **DEADLINE TO SUBMIT APPLICATION AND ALL REQUIRED ITEMS IS 11:59PM ON MAY 1, 2019 FOR THE FIRST QUARTER**

To APPLY BY MAIL:

- 1. VISIT OUR WEBSITE AT WWW.FOCUSONFERALSTODAY.COM/SPAYNEUTER.HTML TO PRINT A HARD COPY OF THE APPLICATION OR CALL LINDA AT 518-651-5511 AND WE WILL MAIL YOU THE APPLICATION.**
- 2. COMPLETE THE APPLICATION, INCLUDE PROOF OF SOCIAL SERVICES BENEFITS OR 2018 INCOME TAX RETURN, AND NYS RESIDENCY PLUS A \$10 NONREFUNDABLE PAYMENT AND MAIL TO FOCUS ON FERALS PO Box 274 BRAINARDSVILLE, NY 12915. APPLICATIONS MUST BE POSTMARKED NO LATER THAN MAY 1, 2019 FOR THE FIRST QUARTER.**
- 3. APPLICATIONS WILL NOT BE APPROVED WITHOUT THE \$10 NON-REFUNDABLE PAYMENT!**

ONCE ALL *REQUIRED ITEMS*** HAVE BEEN RECEIVED, APPROVED APPLICANTS WILL BE NOTIFIED BY PHONE OR EMAIL (IF PROVIDED). A SURGERY APPOINTMENT WILL BE SCHEDULED BY THE APPLICANT (YOU) AND WE WILL MAIL YOU THE VOUCHER TO PRESENT TO THE VET CLINIC AT THE TIME OF APPOINTMENT.**

DEADLINE TO SUBMIT APPLICATION AND ALL REQUIRED ITEMS: POSTMARKED BY MAY 1, 2019 FOR FIRST QUARTER APPLICANTS

ANY QUESTIONS PLEASE CONTACT OUR PROJECT COORDINATOR AT 518-651-5511

Schedule A

| HHS POVERTY GUIDELINES FOR 2019 | |
|---|-------------------|
| The 2019 poverty guidelines are in effect as of January 11, 2019. The Federal Register notice for the 2019 Poverty Guidelines was published February 1, 2019. | |
| 2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA | |
| PERSONS IN FAMILY/HOUSEHOLD | POVERTY GUIDELINE |
| For families/households with more than 8 persons, add \$4,420 for each additional person. | |
| 1 | \$12,490 |
| 2 | \$16,910 |
| 3 | \$21,330 |
| 4 | \$25,750 |
| 5 | \$30,170 |
| 6 | \$34,590 |
| 7 | \$39,010 |
| 8 | \$43,430 |