

Evaluation Only. Created with Aspose.Words. Copyright 2003-2017 Aspose Pty Ltd.

San Antonio Area Foundation

2018 Annual Responsive Grant Application - Cycle 2 V.2

San Antonio Area Foundation (74-6065414)

Dennis Noll
303 Pearl Parkway, Suite 114
San Antonio, TX 78215

info@saafdn.org
Office: 210-225-2243
Fax: 210.225.1980

Mr. Gavin Nichols

303 Pearl Parkway
San Antonio, TX 78215

gnichols@saafdn.org
Office: 210-225-2243

Application Form

General Organization Information

Type your responses using upper and lower case letters. Avoid using only upper case letters unless the organization name, acronym, etc. is spelled with all capital letters.

Some of our communication will be sent via email, so please be sure to enter accurate email addresses.

Legal Name of Organization*

As it appears in your IRS letter of determination.

Dog Heaven

DBA if applicable

Federal Tax Identification Number*

Example: xx-xxxxxxx

74-1234567

Mailing Address*

PO Box 123456

Suite

City*

SAN ANTONIO

State*

TX

Zip Code*

78215

Main Phone*

(###) ###-####

2102424720

Physical address

Type here only if different from your organization's mailing address.

303 Peal Parkway, Suite 114

Suite

City

San Antonio

State

TX

Zip Code

78215

Date of Incorporation*

(mm/dd/yyyy)

08/18/2008

Organization's Mission*

The mission of Dog Heaven is to rescue, rehabilitate and rehome homeless and shelter pets with the help of the community.

Organization's Website Address*

If your organization does not have a website address, enter Not Applicable.

(Please enter the website address in this format: www.websiteaddress.xxx)

www.dogheaven.org

Head of Organization Title*

Examples: Executive Director, Chief Executive Officer or, in cases of no paid staff, this may be your Board Chair.

Executive Director

Head of Organization Prefix*

Mr.

Head of Organization First Name*

Gavin

Head of Organization Last Name*

Nichols

Head of Organization Suffix*

Not Applicable

Head of Organization Phone*

(###) ###-####

(210) 242-4720

Phone Extension

Head of Organization Email Address*

gnichols@saafdn.org

NOTE: The information below is almost always for your organization's Board Chair. An exception would be for organizations without paid staff. In this case, the information provided in this section must be for a board officer.

Do not provide information for the same person that was entered in the "head of organization" section.

Board Position*

examples: Board Chair, Board President, etc.

Board Chair

Board Chair Prefix*

Mrs.

Board Chair First Name*

Sharon

Board Chair Last Name*

Ahrens

Board Chair Suffix*

Not Applicable

Board Chair Email Address*

gnichols@saafdn.org

Number of Members Serving on Board*

4

Indicate % of Board Members who contributed financially to your organization last year.*

Please provide information for most recent full fiscal year.

100

Indicate total amount of monetary contributions received from the Board last year.*

Please provide information for most recent full fiscal year. **Only** include monetary contributions from board members to the organization. (Do not include: Fundraising from capital campaigns, Sponsorships, In-kind donations, etc.)

\$1,200.00

Total Organization Budget*

Please provide the current annual operating budget. For national organizations, please provide information about your local office.

\$118,000.00

General Program Information

Type your responses using upper and lower case letters. Avoid using only upper case letters unless the organization name, acronym, etc. is spelled with all capital letters.

Program Name*

Senior Pet Foster Program

Program Area*

Please select a program area.

Animal Services

Program Description*

This program works with older adults and older pets to create an animal no-kill community. Older adults are trained to care for rescued pets, rehabilitate them and make them adoptable. Older pets are rescued from local municipal shelters and placed in our central rehabilitation facility to improve their health and wellness. After they are socialized and trained, they are placed in homes with older adults to live healthy, safe and vibrant lives with them.

Program Site Physical Address

If different from your organization's physical address, please type address here.

13235 LARKWAY ST.

Suite

City

SAN ANTONIO

State

TX

Zip Code

78233

Program Amount Requested*

\$15,000.00

Total Program Budget*

\$118,600.00

Program Start Date*

(mm/dd/yyyy)

01/01/2019

Program Completion Date*

(mm/dd/yyyy)

12/31/2019

Program Contact Title*

Program Director

Program Contact Prefix*

Ms.

Program Contact First Name*

Anastasia

Program Contact Last Name*

Antonetz

Program Contact Suffix*

Not Applicable

Program Contact Phone*

(###) ###-####

2102797830

Program Contact Email Address*

gavnichols@gmail.com

Select all counties served by THIS program/project.*

Bexar
Comal
Guadalupe
Wilson

Indicate area(s) of San Antonio that will be served by THIS program/project.*

Select all that apply

Northeast
Southeast
East

Number of clients to be served by THIS program/project.*

120

Information*

From time to time, we have the opportunity to share applications with other funders. If such an opportunity arises, would you like for us to share the information in this application?

Yes

Narrative

Please review all questions before you start answering to avoid redundancy. Type your responses using upper and lower case letters. Avoid using only upper case letters unless the organization name, acronym, etc. is spelled with all capital letters.

1. Organization Description/Background*

- Describe your organization. Some suggested items to include: number of staff; number of volunteers (other than board members); clients served annually by entire organization; date established or founded; a list of your core services; impact or major accomplishments; a brief statement of your organization's vision for the next five years. Include the information you believe is most important to help the funder understand what makes your organization special.

Dog Heaven is a pet rescue, rehabilitation and rehoming organization. There are two paid staff, supplemented by 8 volunteers. Our goal is to rescue 180 pets annually from area residents and from local open municipal shelters. We provide veterinary and wellness care for the pets along with socialization and training. Our goal is to get 60 pets adopted and 120 placed in foster homes annually. Since 2008, we have rescued 500 pets and have had 494 adoptions (99% live outcomes).

In addition to saving pets, we provide hands on job training and meaningful work for 10 older adults each year. Our clients are both the homeless pets and the older adults.

2. Problem or Need*

- Describe the problem or need **THIS** program/project will address. (Note: The problem statement is not the same as the description of the population to be served; nor is this the place to describe your program/project.)

San Antonio has over 30,000 stray and free roaming pets in areas of the city as measured by the intake at the City of San Antonio Animal Care Services (ACS) shelter. The need is to reduce the number of homeless pets in the San Antonio area using successful and proven no-kill methods to find new homes for homeless and shelter pets.

The situation for older pets is particularly challenging due to relinquishment, abandonment and the difficulty in finding adopters for older pets. Families tend to adopt puppies, kittens and younger pets and the older pets are overlooked. Although the live release rate at ACS is over 90%, the live release rate for older pets is 80%.

Our theory of change is that, by focusing on rehabilitation for older pets and in placing them in foster homes with older adults, we can raise the live release rate for older pets specifically and the overall pet population as well.

3. Fit with Funder's Funding Priorities*

- Describe how **THIS** program/project is related to the funding priorities for the Program Area in which you are submitting. Please see our website information regarding measuring grant impact.

This program addresses the Area Foundation's mission to benefit the greater community by improving the health and wellness of animals and providing adoption services for pets while helping older adults live healthy, safe and vibrant lives.

4. People to be Served*

- Describe the population to be served by **THIS** program/project (with information such as age, gender, ethnicity, geographic area(s), income and/or poverty level). Please be sure to mention any demographics or other conditions that are important to this funder (for example, if this funder specializes in a particular population, health condition, etc., be sure to address that).

This program will serve 120 households per year, specifically older adults in the metropolitan statistical area of San Antonio and counties to the east of Bexar County.

Bexar County is projected to see significant growth in the population of adults aged 65 years and older. This population was 213,000 in 2015 and is expected to be almost 260,000 in 2020. Older adults in our area can be more isolated than the general population due to lack of transportation and declining health. Having a pet can reduce their isolation. It will provide them with a purpose in caring daily for their pet and it will provide the older pets a place to live out their days.

5. Program/Project Description*

Describe the program/project for which funding is being requested and its primary purpose (including program/project activities and timeline).

120 households per year is the optimum number based on an average of 5 dogs and 5 cats per month to be placed in foster homes.

An average of 5 additional pets per month will reside at our independent living facility where they will receive veterinary care, sterilization surgery if needed, socialization and training prior to foster placement. Our staff and team of older adult volunteers care for the pet at our facility. We will have a signed agreement with each foster care provider that they will return the pet to Dog Heaven if or when they can no longer care for the pet or if their living arrangement becomes unsafe for either them or the pet. We will use Meals on Wheels to transport pet food provided by the Food Bank and Daisy Cares to homes as needed. We will have volunteer veterinarians to provide wellness exams and vaccinations for the pets in foster care. If referrals to veterinary specialists are required, we will coordinate with Daisy Cares to help with veterinary costs as needed.

6. Use of Funds*

Briefly describe how the funds will be used if awarded.

Requested funds will be used for operating expenses of the program, including pet food and veterinary expenses. If we have sufficient funds, we will hire older adults for part-time positions in the rescue operation and at our for-profit business, the Doggone Good Coffee

House. This will provide meaningful work for older adults. The paid positions will be supplemented by volunteer positions.

7. Answer depending on whether your program/project is ongoing, or new to your agency:*

- If **THIS** is an ongoing program/project: What have been past indicators of success? What have been challenges to achieving success? Any recent enhancements?
- If **THIS** is a new program/project (new to your agency): What is the basis for expecting that the program/project will succeed? (Anecdotal information? Evidence-based practices? Literature review? Other?)

This is a new program. We believe this program will be successful for the following reasons:

1. We will utilize the skills and experience of older adults to provide rehabilitation, socialization and training for the rescued pets.
2. We will utilize the network of the Christian Senior Services Meals on Wheels program and other SALSA agencies to recruit foster care providers.
3. We will utilize pet food from the San Antonio Food Bank and Daisy Cares as needed for the foster care providers as well as veterinary expense support.
4. We have worked with older adults as volunteers to pilot the program. We have successfully rescued, rehabilitated and adopted many pets. We have proved that the concept is successful.

8. Do you plan to collaborate with any other organization(s) on THIS program/project?*

If so, which one(s) and how?

As described, we will work with Daisy Cares to provide pet food and veterinary expense support as needed. We will actively recruit donors for Daisy Cares among our clients and customers.

We will work with Meals on Wheels as described to recruit foster care providers and deliver pet food to them.

We work with the San Antonio, Kirby, Converse and Universal City municipal shelters to rescue dogs that have been impounded or relinquished who are at risk of euthanasia.

Dog Heaven will be the fiscal agent for this program.

9. How does THIS program/project fit with your organization's mission?*

Our mission is to rescue, rehabilitate and rehome homeless and shelter pets. In working with older adults to enable them to live healthy, safe and vibrant lives by doing work with Dog Heaven, we are working with the community to pursue that mission.

10. Any plans to sustain THIS program/project other than grants?*

We assume most nonprofits will sustain/continue their program/project by seeking additional grants.

Dog Heaven sustains its operation and mission in the following ways:

1. On-going development with individuals, corporations and foundations.
2. Fundraising activities, notably our Wellness Days, Big Give and our on-line adoption telethon.
3. Adoption and wellness fees.
4. Sales of pet merchandise.
5. Shared income from the Doggone Good coffee shop which is located next to the rescue's rehabilitation facility.

11. Program/Project Evaluation*

What change will occur in clients' lives as a result of this program/project? How will you know that this has happened? (Identify the measurement tools you will use – qualitative or quantitative.) If your program/project does not produce lasting change in clients' lives, discuss other ways the program/project is making a difference.

The 180 pets that we rescue and for whom we provide foster or adoptive homes will be tracked from the date of their rescue until they are adopted. The pets that are placed in foster care will remain under the guardianship of Dog Heaven. Our system tracks each pet individually and we retain the records forever. Although 180 pets accounts for only 1% of the number of animals served by ACS each year, 100% of those 180 pets will have a live outcome until their natural death.

We have a robust application process for each foster care provider and will survey them every 6 months. We will have an in-person interview with each foster care provider annually. In this way, we will evaluate both the well-being of the pet and the impact of the program on the older adults' lives.

12. Program/Project Metrics*

What specific metrics will you track to evaluate your results? Please list 2-3 of these metrics and include your anticipated results,

Outputs that we will measure:

- Number of hours worked per older adult and total number of hours worked by all older adults in the program.
- Number of foster care providers.
- Number of pets rescued.
- Number of pets adopted
- Number of pets placed in foster care.

Expected Outcomes:

- 100% of pets will have live outcomes until they are too sick to be humanely cared for.
- 98% of older adults in the program will show improved quality of life due to their foster pet

13. Relationship to the Field*

- What other nonprofit organizations in your area provide similar services? How are your services or approach different from theirs?
- Does your organization coordinate services with other agencies, either formally (through a Memorandum of Understanding) or informally? (Not just on the proposed program/project.)

There are many pet rescue organizations in the greater San Antonio area. We know of no other program that provides work and volunteer opportunities exclusively for older adults through working exclusively with older rescued pets.

Additional Information

If there is any additional information that you would like to share, that you have not been able to cover in the narrative questions above, please share it here. (optional)

We will work with the San Antonio Food Bank, Christian Senior Services, SALSA and other older adult service providers to identify older adults who have shown warning indicators of isolation, who are economically disadvantaged or may have a need for emotional support. We believe that those who choose to provide a foster home for a senior pet will find companionship and a purpose in caring for the pet. The pet will find a comfortable life with a caring older person.

Board and Staff List

Board List*

Provide a list of the agency's Board of Directors. Provide name, office or position held, date board service began and date current term ends ONLY for each member. (e.g, John Smith, Board Chair, 2011-2014)

Sharon Ahrens, Board Chair, begin date: 2009, current term ends: 2020

Mario Arredondo, Board Treasurer, begin date: 2009, current term ends: 2020

Dana Waid, Board Secretary, begin date: 2013, current term ends: 2020

Charles Barfield, Board Member, begin date: 2016, current term ends: 2019

Length of Term*

Based on the organizations's bylaws, what is the length of a board member's term in years?

4

Number of Terms*

What is the number of consecutive terms a board member may serve?

3

Staff List*

Provide a list of the agency's executive and management staff. Include name, title and length of tenure for each member. (e.g. Jane Smith, Executive Director, 7 years)

Gavin Nichols, Executive Director, 9 years
Anastasia Antonetz, Program Director, 2 years

Financial Information and Required Attachments

The following documents must be submitted electronically. To upload, click **Choose File** or **Browse** below. Browse to the location of your saved document(s). Select the file you wish to upload and click open. Repeat the steps for each required attachment.

Program/Project Budget*

Download **THIS Program/Project Budget form** to your computer. When complete, upload the document using the instructions above. **You MUST use the linked form. No other form will be accepted.** (Note: If you are using Microsoft Office 2010, click on "Enable Editing" to type in the document.)

NOTE: Don't forget to fill in "Amount requested from the Area Foundation" on the revenue side of the form.

Dog Heaven 2018 Program Budget.xls

Financial Summary*

Download **THIS Financial Summary form** to your computer. **You MUST use the linked form. No other form will be accepted.** When complete, upload the document using the instructions above. (Note: If you are using Microsoft Office 2010, click on "Enable Editing" to type in the document.)

Dog Heaven 2018 Financial Summary.xlsx

Audited Financial Statements*

If audited financial statements are not available, upload a Balance Sheet **AND** a Statement of Revenues and Expenses (**example of these documents**) for most recent fiscal year. Documents must be uploaded as one file. Do not submit IRS Form 990.

Dog Heaven 2018 Balance Sheet and Income Statement.xlsx

Each application must have authorizing signatures of two individuals.

Typing a name acts as a signature and acknowledges that both the Executive Director/CEO and Board Chair/President have reviewed the application and all required attachments. If the organization does not have an Executive Director/CEO, two board officers of the organization must sign the application.

Executive Director/CEO*

William Gavin Nichols

Board Chair/President*

Sharon Ann Ahrens

Printing Instructions

Save your application, then scroll to the top of the page and click on Application Packet.

Application Files

Applicant File Uploads

- Dog Heaven 2018 Program Budget.xls
- Dog Heaven 2018 Financial Summary.xlsx
- Dog Heaven 2018 Balance Sheet and Income Statement.xlsx

Program/Project Budget

Instructions: **You MUST use this form.** Provide the budget for the specific program/project described in this application. Itemize expenses in each category. Please round all numbers to the nearest whole dollar. If you are requesting funds for any single expense (other than personnel) that exceeds \$10,000, we will request bids at a later time.

Organization Name: _____

Expenses

Revenue

Expenses		Revenue	
1. Personnel		1. Fees and Services	
a) full-time	\$60,000	Adoption fees	\$4,000
b) part-time	\$10,000	Wellness Packages	\$2,500
2. Outside Fees & Services (Consultant fees, labor, etc.)		2. Fundraising Events, Product Sales or Other Revenue	
Veterinary Care	\$5,000	Wellness Days	\$5,200
		Adoption Telethon	\$2,500
		Cyber Tuesday and Big Give	\$10,000
		Product Sales/Coffee Shop Income	\$5,000
3. Equipment and Supplies		3. Foundation Support - Committed	
Collars, leashes, toys	\$500	Petco Foundation	\$10,000
Cleaning Supplies	\$5,000		
4. Travel		4. Foundation Support - Pending	
		<i>Exclude amount requested from the Area Foundation (line 13)</i>	
		PetSmart Charities	\$10,000
		Gordon Hartman Family Foundation	\$10,000
5. Marketing and Promotion		5. Corporate Support - Committed	
Facebook ads	\$100	Paw Basics	\$2,400
Flyers	\$1,000		
Radio for Telethon	\$1,000		
Fundraising Expenses	\$2,000		
		6. Corporate Support - Pending	
6. Other Expenses		Thomas J. Henry	\$10,000
Utilities	\$2,400		
Internet	\$1,200		
Rent/Occupancy	\$2,400		
Insurance	\$1,000		
Bank Fees	\$200		
		7. Applicant Cash	\$2,000
Passes, etc.		8. United Way/Federal Campaigns	
		9. Government Support	
		10. Other Private Contributions	\$10,000
7. In-Kind Expense*		11. In-Kind Support*	\$20,000
Volunteers	\$5,000	12. Income without Area Fdn. Grant	\$103,600
Pet Food	\$10,000	<i>(Total of lines 1 through 11)</i>	
Veterinary Expense Support	\$5,000	13. Amount requested from Area Fdn.	\$15,000
TOTAL PROGRAM BUDGET	\$111,800	TOTAL ANTICIPATED REVENUE	\$118,600

***All in-kind revenue must be offset in the Expenses column as in-kind expense.**

Financial Summary

Instructions: You MUST use this form. Provide organization's budget for fiscal year ending and two (2) years of historical financial information in the spreadsheet below. The San Antonio Area Foundation retains the right to request full financial disclosure.

	Budget for Fiscal		Fiscal Year Ended		Fiscal Year Ended	
	Year Ending		07/31/17		07/31/16	
	07/31/18		(mm/dd/2016)		(mm/dd/2015)	
	(mm/dd/2017)		(mm/dd/2016)		(mm/dd/2015)	
Revenue	\$ Amount	(%)	\$ Amount	(%)	\$ Amount	(%)
Foundation Grants	\$45,000	38%	\$25,000	36%	\$15,000	30%
Corporate Grants	\$12,400	10%	\$10,000	15%	\$1,000	2%
Individual Gifts	\$12,000	10%	\$10,000	15%	\$20,000	40%
Contracts	\$0	0%	\$0	0%	\$0	0%
Membership Dues	\$0	0%	\$0	0%	\$0	0%
Program Fees	\$6,500	5%	\$7,500	11%	\$4,000	8%
Reimbursements	\$0	0%	\$0	0%	\$0	0%
Fundraising Events	\$17,700	15%	\$10,000	15%	\$6,000	12%
Dividends/Interest on Securities	\$0	0%	\$0	0%	\$0	0%
Other Investment Income	\$0	0%	\$0	0%	\$0	0%
In-Kind Support*	\$20,000	17%	\$4,500	7%	\$3,000	6%
Other (provide details below)	\$5,000	4%	\$1,799	3%	\$1,600	3%
Total Revenue	\$118,600	100%	\$68,799	100%	\$50,600	100%

Explain variations in revenue from one year to another and/or provide details on "Other." (Do not exceed five lines)

Other includes sales of pet products and revenue from Doggone Good Coffee Shop. Large individual gifts in 2016 was due to a bequest. In-kind includes volunteer hours, pet food from SA Food Bank and veterinary expense support from Daisy Cares.

Expenses	\$ Amount	(%)	\$ Amount	(%)	\$ Amount	(%)
Salaries	\$55,000	49%	\$20,000	29%	\$10,000	23%
Payroll taxes/Benefits	\$15,000	13%	\$6,000	9%	\$3,000	7%
Contract Labor/Consultants	\$5,000	4%	\$10,999	16%	\$9,500	22%
Depreciation	\$0	0%	\$0	0%	\$0	0%
Insurance	\$1,000	1%	\$1,000	1%	\$1,000	2%
Bank Fees/Interest	\$200	0%	\$150	0%	\$100	0%
Conferences/Meetings	\$0	0%	\$0	0%	\$0	0%
Program Expenses	\$0	0%	\$9,000	13%	\$5,000	11%
Travel/Mileage	\$0	0%	\$0	0%	\$0	0%
Marketing/Printing/Publications	\$2,100	2%	\$1,000	1%	\$500	1%
Fundraising	\$2,000	2%	\$500	1%	\$0	0%
Rent/Occupancy	\$2,400	2%	\$5,000	7%	\$5,000	11%
Telephone/Technology/Utilities	\$3,600	3%	\$1,000	1%	\$500	1%
Postage/Shipping	\$0	0%	\$0	0%	\$0	0%
Equipment/Supplies	\$5,500	5%	\$8,000	12%	\$6,000	14%
In-Kind Expense*	\$20,000	18%	\$4,500	7%	\$3,000	7%
Other (provide details below)	\$0	0%	\$1,000	1%	\$0	0%

*All in-kind revenue must be offset by in-kind Expense.

Total Expenses	\$111,800	100.0%	\$68,149	100.0%	\$43,600	100.0%
Excess (Deficit) for Year	\$6,800	6.1%	\$650	1.0%	\$7,000	16.1%

Explain variations in expenses from one year to another and/or provide details on "Other." (Do not exceed five lines)

Other in 2017 was moving to new location. In-kind includes volunteer hours, pet food and veterinary expense support for foster care providers.

Statement of Assets and Liabilities (Balance Sheet) 7/31/2017

Assets

Current Assets

Cash	\$	16,800
Accounts Receivable	\$	2,000
Inventory	\$	3,500

Total Current Assets	\$	22,300
----------------------	----	--------

Liabilities

Current Liabilities

Accounts Payable	\$	1,230
Notes Payable	\$	1,000

Long-term Liabilities

Notes Payable	\$	20,000
---------------	----	--------

Total Liabilities	\$	22,230
-------------------	----	--------

Statement of Revenue and Expenses (Income Statement) 7/31/2017

Revenue

Grants	\$	35,000
Gifts	\$	20,000
Fees	\$	7,500
Sales	\$	1,799
In-kind revenue	\$	4,500
Total Revenues	\$	68,799

Expense

Personnel	\$	26,000
Contracts	\$	10,999
Insurance	\$	1,000
Fees	\$	150
Program Expenses	\$	17,000
Marketing and Fundraising	\$	1,500
Rent and Utilities	\$	6,000
In-kind expenses	\$	4,500
Other	\$	1,000
Total Expenses	\$	68,149
Net Income	\$	650