



## Grant Proposal Notification

GPN Number: 007-26  
(Completed by Finance Department)

Date of Notification: 01/21/2026  
(MM/DD/YYYY)

Parent Committee Agenda Date: 02/17/2026  
(Completed by Finance Department) (MM/DD/YYYY)

Grant Application Due Date: 11/03/2025  
(MM/DD/YYYY)

Name of Grant: Best Friends Project Families Forever Grant

Name of Grantor: THE RACHAEL RAY FOUNDATION Best Friends

Originating Entity: \_\_\_\_\_  
(Name the entity from which the funding originates, if Grantor is a pass-thru entity)

County Department: Animal Services

Department Contact: Laura Flamion, Animal Services Administrator x2806  
(Name, Title, and Extension)

Parent Committee: Animal Services

Grant Amount Requested: \$ 20,000.00

Type of Grant: Project  
(Competitive, Continuation, Formula, Project, Direct Payment, Other – Please Specify)

Is this a new non-recurring Grant:  Yes  No

Source of Grant:  Federal  State  Private  Corporate

If Federal, provide CFDA: \_\_\_\_\_ If State, provide CSFA: \_\_\_\_\_

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1. Justify the department’s need for this grant.

This grant will provide resources and support to the pet owners in our community who are facing challenges in keeping their pets healthy and at home. This grant will utilize support from Best Friends Animal Society through the Rachel Ray No Kill excellence grant to bolster the Project Families Forever subsidy fund, to ensure no pet owner seeking medical assistance will be denied due to financial barriers. This will ultimately helping us maintain our status as a “No Kill” open-admission animal shelter and even improve our save rate.

2. Based on the County’s [Strategic Plan](#), which strategic imperative(s) correlate with funding opportunity. Provide a brief explanation.

Currently, Animal Services have established a streamlined partnership with Paws for a Cause Vet Care, where Animal Services front desk staff and officers in the field are able to rapidly connect pet owners in need directly with Paws for a Cause Vet Care management team to provide assistance. Paws for a Cause Vet Care always offers relatively low–cost, full service veterinary care, to cover prohibitive costs for families at-risk of relinquishing their pets to shelters like ours.

3. What is the period covered by the grant? 
01/01/2026 to: 12/31/2026  
(MM/DD/YYYY) (MM/DD/YYYY)

3.1. If period is unknown, estimate the year the project or project phase will begin and anticipated duration:

3.1.1. \_\_\_\_\_ and \_\_\_\_\_  
(MM/YY) (Duration)

4. Will the County provide “seed” or startup funding to initiate grant project? (Yes or No) No

4.1. If yes, please identify the Company-Accounting Unit used for the funding \_\_\_\_\_

5. If grant is awarded, how is funding received? (select one):

5.1. Prior to expenditure of costs (lump-sum reimbursement upfront)

5.2. After expenditure of costs (reimbursement-based)





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6.3. Does the grant award require the positions to be retained beyond the grant term? (Yes or No) No

6.3.1. If yes, please answer the following:

6.3.1.1. How many years beyond the grant term? \_\_\_\_\_

6.3.1.2. What Company-Accounting Unit(s) will be used? \_\_\_\_\_

6.3.1.3. Total annual salary \_\_\_\_\_

6.3.1.4. Total annual fringe benefits \_\_\_\_\_

7. Does the grant allow for direct administrative costs? (Yes or No) No

7.1. If yes, please answer the following:

7.1.1. Total estimated direct administrative costs for project \_\_\_\_\_

7.1.2. Percentage of direct administrative costs covered by grant \_\_\_\_\_

7.1.3. What percentage of the grant total is the portion covered by the grant \_\_\_\_\_

8. What percentage of the grant funding is non-personnel cost / non-direct administrative cost? 100%

9. Are matching funds required? (Yes or No): No

9.1. If yes, please answer the following:

9.1.1. What percentage of match funding is required by granting entity? \_\_\_\_\_

9.1.2. What is the dollar amount of the County's match? \_\_\_\_\_

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- 9.1.3. What Company-Accounting Unit(s) will provide the matching requirement? \_\_\_\_\_
10. What amount of funding is already allocated for the project? \$20,000.00
- 10.1. If allocated, in what Company-Accounting Unit are the funds located? 1100-1300
- 10.2. Will the project proceed if the funding opportunity is not awarded? (Yes or No): Yes
11. What is the total project cost (Grant Award + Match + Other Allocated Funding)? \$40,000.00