



# Washington Department of Fish and Wildlife Wildlife Rehabilitator Grant Application

For grants >\$1000.000  
"Large Grants" (Part A)

Please organize your application as outlined below. **Incomplete applications will not be accepted.** If we find incomplete or missing answers to questions during the review process, your application may be automatically rejected; please provide all requested materials; answer ALL questions and follow all directions. Please provide printed photographs of your facilities and/or project.

**Grant applications must be postmarked no later than March 1, 2011.** Late applications will not be considered. Send the complete original application plus 6 **additional** copies of the cover letter and application to: **Patricia Thompson, 16018 Mill Creek Blvd, Mill Creek WA, 98012.** *You need only provide **one** copy of the Background Check and fingerprints. If you provided a Background Check last biennium, you do not need to submit one for this biennium; if you have submitted fingerprints, you do not need to submit them again.*

Please note that the review committee may request a phone interview. A site facilities inspection may be required before a final decision is made. **PLEASE INCLUDE PHOTOGRAPHS OF YOUR FACILITIES AND ANY PROJECT THAT HAS ALREADY BEGUN.**

## Required Materials

### A. GRANT APPLICATION COVER LETTER

Include a **brief one-page or less** summary of your request, anticipated outcomes or impact, and dollar amount requested. Attach this sheet to the front of your proposal.

### B. MISSION STATEMENT

### C. LIST OF BOARD OF DIRECTORS

### D. LETTERS OF SUPPORT FOR THE PROJECT AND/OR FACILITY – NO MORE THAN 3

Have letters address both your facility and the necessity of the specific project or expenses.

***SECTIONS E. THROUGH H. USE THIS FORM ONLY; other formats and forms or separate pages will not be accepted***

E. DOLLAR AMOUNT OF REQUEST \_\_\_\_\_

### F. WILDLIFE REHABILITATION FACILITY

Facility Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address \_\_\_\_\_

General Phone \_\_\_\_\_

General Email \_\_\_\_\_

**G. Facility Personnel**

1. *Person submitting application:* \_\_\_\_\_

Direct phone line \_\_\_\_\_ Email address \_\_\_\_\_

Does person submitting the application have a current background check? Yes \_\_\_ No \_\_\_

*Please include a copy of the official background check if not submitted in the last three years.*

2. *Person administering grant (who will oversee the project):*

\_\_\_\_\_

Direct phone line \_\_\_\_\_ Email \_\_\_\_\_

Does person administering the grant money have a current background check? Yes \_\_\_ No \_\_\_

*Please include a copy of the official background check if not submitted in the last three years.*

3. *Facility Director:* \_\_\_\_\_

Direct phone line \_\_\_\_\_ Email address \_\_\_\_\_

Does Facility Director have a current background check? Yes \_\_\_ No \_\_\_

*Please include six copies of the official background check if not submitted in the last three years.*

**H. WILDLIFE REHABILITATION PERMIT**

WDFW Wildlife Rehabilitators License # \_\_\_\_\_

List those animal groups for which you are permitted (raptors, all birds, small mammals, deer only, etc.):


*Please include a copy of your WDFW Wildlife Rehabilitation Permit*

Federal Migratory Bird Rehabilitators License # if applicable \_\_\_\_\_

*If this project includes marine mammals, please include a copy of your NOAA permit letter.*

**I. ANNUAL REPORT**

Please provide six copies of your most current Annual Report

**J. THREATENED AND ENDANGERED SPECIES**

What is the approximate percentage of T & E SPECIES you rehabilitate in an average year? \_\_\_\_\_

What T&E species have you rehabilitated in the past year?


What is the approximate percentage of NON-NATIVE AND RESTRICTED SPECIES (as defined in RCW 77.12.467) you rehabilitate in an average year? \_\_\_\_\_

You may use additional paper, if needed, to:

- Clearly specify how the funds will be separated from the care of any of the restricted animals.
- Clearly specify how restricted species will be cared for without using these funds.

*You may use additional paper if needed for the following sections. PLEASE BE BRIEF. Use the form of the outline below for your narrative and include letters and titles for each section, such as:*

**K. PROJECT DESCRIPTION, 1. etc.**

**K. PROJECT DESCRIPTION** Limit your description to one page.

- 1. Please describe your project or operational need, include Goals and Objectives; why the funding is needed; primary use of funding and justification.** (e.g.. **Be specific.** More Threatened or Endangered species treated; need to euthanize if funding is not received.); **How will this grant make a difference in your services and operations; How has this lack thereof been handled in the past?** (e.g.. Were species turned away; euthanized, etc.? **Please be specific** “I have had to turn away hundreds of people/animals/T&E’s” does not give us a good enough idea of the situation. Be as quantitative as possible.)

- 2. Measurable Outcomes: Expected Results and Benefits - How will you know the project is successful?** Provide a plan for determining the impact of the project. Identify specific evaluation and reporting tools. (Try to provide **quantifiable or verifiable** resource benefits. Example: “We expect to release X more individuals or species” (specify species such as ones that have not been served because of lack of funding), or “We expect to send X more staff members to a continuing education class.”)

3. How are Washington State citizens better served with this grant?

**L. FACILITY PROCESSES AND PROCEDURES**

1. What is your evaluation and release procedure or protocol for returning rehabilitated wildlife to the wild?

2. **Capture and Immobilization – Medium to large mammals and raptors only**

State what technique and equipment your facility uses for capturing when retrieving and animals from the public or rescuing it in the wild.

Have any staff members completed formal capture or immobilization training courses? Yes \_\_\_ No \_\_\_

In what year was the training completed? \_\_\_\_\_

Name of instructor and/or facility where training was completed:

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3. **Education**

Do you have outreach and educational material that you distribute? Yes \_\_\_ No \_\_\_

(Include copies of one or two handouts)

How do you distribute this material?

4. **Volunteers**

Do you have an application for volunteers to fill out when they want to work at your facility (include a copy)? Yes \_\_\_ No \_\_\_

What are your age restrictions for volunteers? \_\_\_\_\_

What qualifications do you look for in your volunteers?

How are your volunteers trained?

Who is the volunteer supervisor? \_\_\_\_\_

**5. Networking**

List names and general titles of WDFW personnel with whom you have worked and cooperated and in what capacity was your interaction.

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List names of other rehabilitators with whom you have worked and cooperated in the past.

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To what Wildlife Rehabilitator associations or organizations do you belong?


6. Does the facility have a “good neighbor” plan and what is it? (How do you keep your surrounding neighbors happy with being next to a wildlife rehabilitation facility?)

**M. PAST WDFW WILDLIFE REHABILITATOR GRANT FUNDING**

Have you or your organization received this funding in the past? **Yes** \_\_\_\_ **No** \_\_\_\_

If you cannot recall the contract #, year, and amount contact the Wildlife Rehabilitation Coordinator at [patricia.thompson@dfw.wa.gov](mailto:patricia.thompson@dfw.wa.gov).

IF **Yes**, please tell us:

Contract # \_\_\_\_\_ Year Contract Signed \_\_\_\_\_ Amount Awarded \_\_\_\_\_

Contract # \_\_\_\_\_ Year Contract Signed \_\_\_\_\_ Amount Awarded \_\_\_\_\_

**N. FINANCIAL STATEMENTS**

Please provide a copy of:

- 1) Budget for the last two years, or; 2) Financial statements with incomes and expenditures for the last two years, or; 3) Last two years’ statements for your facility’s dedicated checking account.

**O. TIME LINE APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A TIMELINE. BE SPECIFIC.** The fiscal biennium ends June 30, 2013; all grant money must be spent by this date.

Provide an outline of what will be accomplished by what date. Identify a recognizable end point. **Number your tasks in order on the timeline**, (e.g., Task 1: Mar-Jun 2008 - Samples will be collected, etc.). **This section is critical**; it allows us to mutually track the deliverables. Focus on how objectives will be attained.

**P. BUDGET/ESTIMATED COSTS**

You **MUST** include a line-item budget; **YOUR APPLICATION WILL AUTOMATICALLY BE DECLINED IF NO LINE ITEM BUDGET IS INCLUDED IN YOUR APPLICATION.**

Indirect costs are not covered with this grant.

Please use separate paper for your Budget Table.

Use the following line-item categories, as applicable:

- a. **Travel:** lodging, mileage, meals, per individual; use **\$.51/mile** for mileage estimate costs and estimate how many miles you will use within the funding time period.
- b. **Equipment and services:** state quantity; include sales tax.
- c. **Supplies:** costs for routine items needing replenishment throughout time period, state quantities; include sales tax.
- d. **Veterinary:** expenses for services under contract with veterinarians, list names and contact information of veterinarian.
- e. **Other contracted services**
- f. **Permit costs**
- g. **Other:** Items not listed above. *Itemize and include justification.*
- h. **Total Costs:** all added together equals Total Project Cost.

**APPLICATION CHECKLIST**

**I have included the original and 6 copies of:**

- \_\_\_\_ 1. Cover letter
- \_\_\_\_ 2. Mission/Vision Statement
- \_\_\_\_ 3. List of Board of Directors
- \_\_\_\_ 4. Letters of Support
- \_\_\_\_ 5. WDFW Wildlife Rehabilitation Permit
- \_\_\_\_ 6. Most current Annual Report
- \_\_\_\_ 7. Fully completed application **including** TIME LINE & BUDGET
- \_\_\_\_ 8. NOAA permit letter (for marine mammals ONLY)
- \_\_\_\_ 9. Copy of all necessary background checks
- \_\_\_\_ 10. Examples of education and outreach handouts
- \_\_\_\_ 11. Volunteer application
- \_\_\_\_ 12. Required financial statements

**Successful Grantees are required to submit Annual Reports and any appropriate photographs documenting the project if it is a facilities improvement project.**

**I agree to follow all State and Federal Wildlife Rehabilitation laws and regulations.**

**Signature**

**Date**

*WDFW activities are intended to follow state and federal guidelines for nondiscrimination based on race, creed, color, national origin, age, marital status, sex, sexual orientation, residence, veteran status, and disability.*



# Washington Department of Fish and Wildlife Wildlife Rehabilitator Grant Application

\$1000.00 and Under

“Short” Application (Part B - optional)

## ***PLEASE MAIL THIS APPLICATION UNDER SEPARATE COVER; DO NOT MAIL WITH A LARGE GRANT APPLICATION***

Please organize your application as outlined below. Incomplete applications will not be accepted. If we find incomplete or missing answers to questions during the review process, your application may be automatically rejected; please provide materials for and/or answers to ALL questions. **IF YOU ARE SUBMITTING BOTH A LARGE GRANT AND SHORT APPLICATION, they must be mailed in separate envelopes. PLEASE SPECIFY ON THE OUTSIDE OF THE POSTAL ENVELOPE OR ON SUBJECT LINE OF ELECTRONIC APPLICATION THAT YOU ARE SUBMITTING A “SHORT-APPLICATION.”**

**No deadline. This part of the application is accepted on an on-going basis up until the Large Grant deadline (March 1, 2011). At that time Short Applications are suspended for the Large Grant process. Short Application submission reopens August 15, 2009 unless all funding is awarded. No Short Application will be accepted after April 15 of the second state fiscal biennial year.**

Send the complete original proposal plus 4 **additional** copies of the cover letter and application to **Patricia Thompson, 16018 Mill Creek Blvd, Mill Creek WA, 98012** (no on-line submission is available this Biennium).

Please note that the review committee may request a phone interview. The “Short Application” is subject to the same criteria and restrictions as the Large Grant, with the exception of application deadline.

### **Required Materials**

#### **A. GRANT APPLICATION COVER LETTER**

Include a very brief one page or less summary of your request, and dollar amount requested. Attach this sheet to the front of your proposal.

#### **B. FUNDING NEED**

**Total amount of funding requested** \_\_\_\_\_

#### **C. PROPOSAL NARRATIVE**

##### **Wildlife Rehabilitation Facility**

Facility Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address \_\_\_\_\_

General Phone \_\_\_\_\_

General Email \_\_\_\_\_

WDFW Rehabilitator License # \_\_\_\_\_

*Please include a copy of your WDFW Wildlife Rehabilitation Permit*

Federal Wildlife Rehabilitators License # \_\_\_\_\_

If this project includes marine mammals, please include a copy of your NOAA permit letter.

**Facilities Personnel**

Facility Director: \_\_\_\_\_

Direct phone line \_\_\_\_\_ Email address \_\_\_\_\_

Does Facility Director have a current background check? Yes \_\_\_\_ No \_\_\_\_

Person submitting application: \_\_\_\_\_

Direct phone line \_\_\_\_\_ Email address \_\_\_\_\_

Does person submitting the application have a current background check? Yes \_\_\_\_ No \_\_\_\_

If applying for capture equipment, state what technique and list equipment the facility has been using until now.

Have any staff members completed capture training? Yes \_\_\_\_ No \_\_\_\_

When and where. \_\_\_\_\_

**Primary use of funding and justification.** (e.g. More Threatened or Endangered species treated; need to euthanize if funding is not received.)

**Budget/Estimated Cost You MUST include a line-item budget.**

- Use the following cost categories, as applicable:
  - a. **Travel:** lodging, mileage, meals, per individual; please use **\$.51/mile** for mileage estimate costs and estimate how many miles you will be using within the funding time period.
  - b. **Equipment:** capital expenses for equipment to be used for project or ongoing services, including sales tax.
  - c. **Supplies:** costs for routine items needing replenishment throughout time period, including sales tax.
  - d. **Veterinary:** expenses for services under contract with veterinarians, list names and contact information of veterinarian.
  - e. **Contracted services**
  - f. **Permit costs**
  - g. **Other:** Items not listed above. Itemize and include justification.
  - h. **Total Costs:** all added together equals Total Project Cost.

**Successful Grantees will be required to submit a final report .**

**I agree to follow all State and Federal Wildlife Rehabilitation laws and regulations.**

**Signature/Date**

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*WDFW activities are intended to follow state and federal guidelines for nondiscrimination based on race, creed, color, national origin, age, marital status, sex, sexual orientation, residence, veteran status, and disability.*