Please organize your application as outlined below. **Incomplete applications will not be accepted**; all requested materials must be provided.

**DEADLINE:** Grant applications must be postmarked no later than **February 1, 2017**

Late applications will not be considered. Please send the complete original application plus 5 **additional** copies of the cover letter and application to:

**Patricia Thompson**  
Washington Dept. of Fish and Wildlife  
16018 Mill Creek Blvd  
Mill Creek WA, 98012

**BACKGROUND CHECK AND FINGER PRINTS**

All Grantees (the **Grant Administrator** and **Facility Director**) must have an official background check on file to receive this grant.  
If you provided a Background Check **last biennium** (2015-2017), you **do not need** to submit one for this biennium.  
If your background check is over two years old, please submit a current one.  
You need only provide **one** copy of the Background Check and fingerprints with this application.  
If you have already submitted fingerprints, you **do not** need to submit them again.

**PHOTOGRAPHS**

Please include photographs of your facilities and of any facility improvement or construction that was funded by a previous WDFW Wildlife Rehabilitator Grant.

Please note that the review committee may request a phone interview. A site facility inspection may be required before a final decision is made.

**Required Materials**

**A. GRANT APPLICATION COVER LETTER**  
Include a brief **one-page or less** summary of your request, include the dollar amount requested, and anticipated outcomes or impact.

**SECTIONS B. THROUGH I. USE THIS FORM ONLY**, **other formats or separate pages will not be accepted**

**B. DOLLAR AMOUNT OF REQUEST:**

**C. WILDLIFE REHABILITATION FACILITY NAME:**

**D. FACILITY INFORMATION**

Mailing address: ____________________________________________________________

Physical address: __________________________________________________________

General Phone: ___________________________  General email: ___________________________
E. FACILITY PERSONNEL

Person submitting application: ____________________________________________

Direct phone line: ___________________________ Email: ______________________

Grant Administrator (who will oversee the project): ____________________________

Direct phone line: ___________________________ Email: ______________________

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

Facility Director: ________________________________________________________

Direct phone line: ___________________________ Email: ______________________

Does the facility Director have a current background check? Yes __________ No __________

F. FACILITY PRACTICES

1. Education Material
   Do you have outreach and education material that you distribute?
   Yes _______ No _______

   (Include copies of one or two handouts)
   How do you distribute this material?

2. Volunteers
   Do you have a volunteer application (include a copy)?
   Yes _______ No _______ I do not use volunteers _______

   If you use volunteers:
   What is your age restriction for volunteers? _______

   How are your volunteers trained? ____________________________________________

   Who is the volunteer supervisor? ____________________________________________

3. Networking
   List names and general titles of WDFW personnel with whom you have worked and cooperated in the last 2 years, and in what capacity was your interaction.

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

   To what Wildlife Rehabilitator associations or organizations do you belong?

G. THREATENED AND ENDANGERED SPECIES

   What is the approximate percentage of T & E SPECIES you rehabilitate in an average 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? ________________
H. Federal Migratory Bird Rehabilitation Permit # if applicable ___________________________

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

I. PAST WDFW WILDLIFE REHABILITATOR GRANT FUNDING
Have you or your organization received funding from this grant in the past two grant cycles (biennia)?

Yes _______ No _______

If Yes, please tell us:

Year contract was signed _______ Amount Awarded _______

Year contract was signed _______ Amount Awarded _______

J. PROJECT DESCRIPTION PLEASE BE BRIEF. Limit your description to no more than two pages. Please submit on a separate paper.

Include:

1. Goals and Objectives
2. Primary use of funding
3. Why the funding is needed (justification) (e.g. More Threatened or Endangered species treated; need to euthanize if funding is not received, etc.)
4. How this grant will make a difference in your services and operations to wildlife
5. How lack of funds has 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. Be as quantitative as possible.)
6. If applicable clearly detail how the grant funds will be separated from the care of restricted animals and how restricted species will be cared for without using these funds.
7. How will Washington citizens be better served if you receive this grant?

K. TIME LINE Please be specific. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A TIMELINE.

Please submit on a separate paper.
The fiscal biennium ends June 30, 2019; 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, which can occur anytime during the biennium. Focus on how objectives will be attained. Number your tasks in order on the timeline, (e.g., Task 1: Mar-Jun 2014 – Building permits secured; Task 2: Jun - Aug 2014 - Materials purchased; etc.). This section is critical; it allows us to mutually track the deliverables.

L. BUDGET/ESTIMATED COSTS APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A BUDGET.
You must include a line-item budget; Indirect costs are not covered with this grant. Please use separate paper for your Budget Table.

Use the following categories, as applicable:

a. Travel: lodging, mileage, meals; estimate at $.56/mile how many miles you will use within the two years
b. Equipment and services: state item and quantity, describe services; include sales tax.
c. Supplies: costs for routine items needing replacement 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.
M. FINANCIAL STATEMENTS
   Please provide copies of 1. Your facility’s budget for the last two years, or; 2. Profit and Loss statements with incomes and expenditures for the last two years, or; 3. Last two years’ Annual or Year-End statements for your facility’s dedicated bank account.

N. MOST CURRENT ANNUAL REPORT

O. MISSION STATEMENT OF YOUR ORGANIZATION

P. LIST OF BOARD OF DIRECTORS

Q. COPY OF WDFW WILDLIFE REHABILITATION PERMIT

R. LETTERS OF SUPPORT – NO MORE THAN 3
   Please have letters of support speak to both your facility and the necessity of the specific project or expenses.

APPLICATION CHECKLIST
I have included the original and 5 copies of:
   ___ 1. Cover letter
   ___ 2. Mission Statement
   ___ 3. List of Board of Directors
   ___ 4. WDFW Wildlife Rehabilitation Permit
   ___ 5. Letters of Support
   ___ 6. Most current WDFW Wildlife Rehabilitation Annual Report
   ___ 7. Fully completed application including TIME LINE & BUDGET
   ___ 8. NOAA permit letter (for marine mammals ONLY)
   ___ 9. Background checks and finger prints if needed (only one copy)
   ___10. Examples of education and outreach handouts
   ___11. Volunteer application if you have volunteers
   ___12. Required financial statements

Successful Grantees are required to submit Quarterly and 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

If you have questions, please contact:
Patricia Thompson
Washington Dept. of Fish and Wildlife
16018 Mill Creek Blvd
Mill Creek WA, 98012
425-379-2302
Patricia.thompson@dfw.wa.gov

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.