

WDFW Grants to Wildlife Rehabilitators Quarterly Report Form

SECTION 1: Project Contact Information

Brief Project Description:	Facility Name:	
Project Leader's Name (First, Last):	Phone:	WDFW Contract #
Facility Director's Name (First, Last):		

SECTION 2: Project Information

What is the project status?

<input type="checkbox"/> Project not started. What is the estimated start date? _____	<input type="checkbox"/> This is an ongoing project.
<input type="checkbox"/> Project has been started, but not completed.	<input type="checkbox"/> Project has been completed.

Date of Completion: _____

SECTION 3: Project Summary/Accomplishments

Describe your progress to date on reaching the project's goals and objectives?

Number of species served under this grant (or N/A) _____

Number of individual animals served under this grant (or N/A) _____

Are there any issues that have delayed implementation of your project?

Are there any issues that may prevent your project from being successful?

Have you been in contact with WDFW personnel for assistance? Yes No

Who are they?

SECTION 4: Project Funds/Inventory

<p>Grant Total: \$</p> <p>Total project funds spent: \$</p> <p>Total project funds remaining: \$</p> <p>Have you purchased any equipment and supplies with this grant?</p> <p style="text-align: center;"><input type="checkbox"/> Yes (list below) <input type="checkbox"/> No</p>	<p>Have all reimbursement requests been turned in to date?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Dollar amount of reimbursement requests to date:</p>
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SECTION 5: Report Approval

Project Leader	WDFW Program Manager
Signature: _____	Signature: _____
Date: _____	Date: _____