

# WDFW Grants to Wildlife Rehabilitators ANNUAL/FINAL REPORT

## Project Contact Information

Brief Project Description:	Facility Name:	
Project Leader's Name:	Phone:	WDFW Contract #
Facility Director's Name:		

## Project Information

Has work been completed on this project?

- Yes                       No (Describe below the reasons why the project was not completed by the deadline)

Date of Completion:

- Ongoing project

## Project Summary/Accomplishments

Describe how your project objectives were met and goals attained through the use of these funds.

How did wildlife benefit from your project's activities?

How did the public benefit from your project's activities?

If the results of your project were published, in print or on the internet, please attach copy(s) or indicate where the information can be found.

Please list the names of any WDFW personnel that provided assistance to your project.

**Project Funds/Inventory**

Grant amount awarded: \$

Amount spent: \$

If any funds were unspent please explain the reasons below:

Was any equipment purchased these grant funds?

Yes       No

Have all reimbursement requests been turned in?

Yes                      No  
                             

Please list equipment purchased:

**Program Feedback**

In order to continuously improve the processes that are involved in administering the WDFW Grants to Rehabilitators, feedback is needed from you. Use the space below to discuss any areas of the program you feel could be improved or made easier to understand, or for general comments.

A report may be produced highlighting the accomplishments of the Grants to Rehabilitators projects. This report would be made available to the grantees, the Fish and Wildlife Commission, the Director of WDFW, WDFW's Executive Management Team and other personnel within the Agency as well as the general public. Some of the information you provide in your final report may be used when generating the report. If you have photographs of your project activities please send them as an e-mail attachment to [patricia.thompson@dfw.wa.gov](mailto:patricia.thompson@dfw.wa.gov) for possible inclusion. THANK YOU.

**Project Leader Approval**

**WDFW Approval**

Signature:

Date:

Signature:

Date: