



Washington Department of Fish and Wildlife 2023-2025 Wildlife Rehabilitator Grant Application

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 or emailed no later than February 28, 2023

Late applications will not be considered. Please postal mail or email the completed application (only one) and cover letter to:

jen.mannas@dfw.wa.gov

OR

Jen Mannas

WDFW

16018 Mill Creek Blvd.

Mill Creek, WA 9081

ONLY **ONE** COPY OF YOUR APPLICATION NEEDS TO BE MAIL

BACKGROUND CHECK AND FINGERPRINTS

- 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** (2021-2023), 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.

A virtual interview 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 positive impact to wildlife.

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:

Website:

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.

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? (Include copies of one or two handouts.) Yes No

How do you distribute this material?

2. Volunteers

Do you have a volunteer application (please include a copy)? Yes No I do not use volunteers

If you use volunteers what is your minimum age restriction for volunteers?

How are your volunteers trained?

Do you have a volunteer training checklist (please include a copy)? Yes No

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 last two years.

To what Wildlife Rehabilitator associations or organizations do you belong?

4. Fundraising

Describe your fundraising activities and how you raise money to support your practice.

G. THREATENED, ENDANGERED, and Sensitive 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/OR RESTRICTED SPECIES (as defined in RCW 77.12.467) you rehabilitate in an average year?

If there are species you have treated that you would like to emphasize, you may do so by listing them here:

H. PAST WDFW WILDLIFE REHABILITATOR GRANT FUNDING

Have you or your organization received funding from this grant in the past two grant cycles? Yes No

If **Yes**, please tell us:

Year contract was signed Amount Awarded

Year contract was signed Amount Awarded

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I. PROJECT/OPERATION DESCRIPTION *Please complete the items below on this form:*

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 more animals if funding is not received, would not be able to practice to capacity, etc.):

4. **How this grant will make a difference in your services to wildlife and improve your practice:**

5. **How lack of funds has been handled in the past:** (e.g. Were species turned away; euthanized, etc.? **Please be specific** and as quantitative as possible:

6. **Clearly detail how the grant funds will be separated from the care of restricted wildlife (see RCW 77.12.467) and how restricted species will be cared for without using these funds:**

J. TIMELINE Please be specific. APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A TIMELINE.

PLEASE SUBMIT TIMELINE ON SEPARATE PAPER

The fiscal biennium ends **June 30, 2025**; all project expenses must be incurred 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: Aug – Sept 2023 – Building permits secured; Task 2: Sept – Nov 2023 - Materials purchased; etc.). **This section is critical**; it allows us to mutually track deliverables.

K. BUDGET/ESTIMATED COSTS APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A BUDGET.

PLEASE SUBMIT BUDGET TABLE ON SEPARATE PAPER

You must include a line-item budget.

Use the following categories, as applicable:

- a. **Travel:** lodging, mileage, meals; as of this date privately owned vehicle mileage reimbursement rate is **\$0.625 per mile** but may change Jan. 1. Mileage and per diem rates can be found at <https://www.ofm.wa.gov/accounting/administrative-accounting-resources/travel>.
- b. **Equipment and services:** state item and quantity, describe services; include sales tax.
- c. **Supplies:** costs for routine items throughout time period, state quantities; include sales tax.
- d. **Veterinary services:** list names and contact information of veterinarian.
- e. **Other contracted services such as building contractors, construction, utility installation, etc.**
- f. **Permit costs**
- g. **Other:** Items not listed above. *Itemize and include justification.*
- h. **Total Costs**

Utility bills such as water, electric, and waste services will not be considered for reimbursement.

L. 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. **Checking account statements will not be accepted.** Your application must show income and expenditures separately with year-end totals.

M. MOST CURRENT ANNUAL REPORT (Do not include your Ledger)

N. MISSION STATEMENT AND LIST OF BOARD OF DIRECTORS

O. COPY OF WDFW WILDLIFE REHABILITATION PERMIT

P. LETTERS OF COMMUNITY SUPPORT – NO MORE THAN 3. At least one letter of support should be submitted. Letters of support will not be accepted from your facility's current volunteers or staff. **PLEASE HAVE LETTERS OF SUPPORT SPEAK TO BOTH THE VALUE OF YOUR FACILITY AND THE NECESSITY OF THE SPECIFIC PROJECT OR EXPENSES.**

APPLICATION CHECKLIST

- Cover letter
- Background checks and fingerprints is needed
- Education and outreach examples
- Volunteer application
- Timeline
- Budget
- Financial statements
- Most current Annual Report
- List of Board of Directors
- WDFW Wildlife Rehabilitation Permit
- Letters of support

Successful Grantees are required to submit Quarterly and Annual Reports and any 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:

Jen Mannas

Washington Dept. of Fish and Wildlife

jen.mannas@dfw.wa.gov