

**Project Number**

## Oregon Wild Sheep Foundation

### Grant-in-Aid Application

**Project Title:**

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**Project Type:**

- |                                    |                                   |                                     |                                |
|------------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Habitat   | <input type="checkbox"/> Disease  | <input type="checkbox"/> Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Education | <input type="checkbox"/> Research | <input type="checkbox"/> Transplant |                                |

**Location of Project:** (Please provide map(s) that shows relationship between project site and active wild sheep population(s))

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(Region, County, Area, etc.)

**Problem to be solved:**

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**Describe how you propose solving the problem:**

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Check if additional supporting documents are attached.

**COST ESTIMATE:**

Total estimated cost of project:

\$ \_\_\_\_\_

Amount requested from Oregon WSF:

\$ \_\_\_\_\_

**Documentation:**

Should your grant request be approved, will you be able to provide photo documentation or a written summary of the funded event, purpose, cause, activity, etc?

Yes       No

If checked yes, Please send follow up documentation to [info@oregonfnaws.org](mailto:info@oregonfnaws.org) to be able to share with membership, donors, and followers on newsletters, social media and website no later than 30 days after completion of purpose for funding

	Cost to be funded by OR-WSF. grant	Cost to be funded by other cooperators
Equipment: _____	\$ _____	\$ _____
Services: (permanent full time salaries will not be considered) _____	\$ _____	\$ _____
Publishing: _____	\$ _____	\$ _____
Monitoring: _____	\$ _____	\$ _____
Supplies: (please itemize, then total) _____	\$ _____	\$ _____
_____		
_____		
_____		
Other: (specify) _____	\$ _____	\$ _____
_____		
_____		
_____		
_____		
_____		
	TOTALS	\$ _____

Other organizations providing financial aid or support (in kind or other) for the project:  
(Include any pending amounts applied for)

	Amount applied for	Date approved/ pending
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____

**Biography of applicant:**

Name \_\_\_\_\_ Title: \_\_\_\_\_

Organization:

\_\_\_\_\_

Office address:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Work phone: \_\_\_\_\_ Work fax: \_\_\_\_\_

Are you a current member of Oregon WSF? \_\_\_\_\_

Are you a current member of National WSF? \_\_\_\_\_ Membership # \_\_\_\_\_

**Endorsement:**

I hereby agree to abide by the stated requirements of the Oregon WSF grant. I also understand all Oregon WSF funding stipulations and will provide all necessary reports if I receive a grant from the Oregon Wild Sheep Foundation

Signature of Applicant:

\_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

Acknowledgement of proposal by area/ local/ state agency:

(A letter of support and the following information must be supplied from a local/ state government agency or private organization other than the applicants.)

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_

Reviewer(s):

\_\_\_\_\_

Disposition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appendix 1**

**Supplemental Transplant Information**

1. How far to the nearest domestic sheep or goats in miles? \_\_\_\_\_

2. Do you anticipate problems because of sheep and goats? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is this a new transplant or supplemental? \_\_\_\_\_

4. If supplemental, explain why additional bighorns are needed?

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5. Do you anticipate predation problems? \_\_\_\_\_

6. If yes, how will the problem be solved? \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

If approved, Check to be made out to: \_\_\_\_\_

Address to send Grant Payment if approved:

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Submit all grant requests to [info@oregonfnaws.org](mailto:info@oregonfnaws.org)