



HOME | GRANT-IN-AID APPLICATION | CHAPTERS AND AFFILIATES

Is this Grant-In-Aid Application being submitted on behalf of one or more WSF Chapters and/or Affiliates?

YES NO

SAVE AND CONTINUE | SAVE AND STAY | SAVE AND CLOSE | CANCEL



HOME | GRANT-IN-AID APPLICATION | CHAPTERS AND AFFILIATES

Select all WSF Chapters and Affiliates that are involved in the application

Chapters

- Alaska WSF
- Alberta WSF
- California WSF
- Idaho WSF
- Iowa FNAWS
- Midwest WSF
- Montana WSF
- MSU Student Chapter WSF
- New Mexico WSF
- Oregon WSF
- Utah WSF
- Washington WSF
- Wyoming WSF
- Yellowhead/Alberta WSF
- Yukon WSF
- ZZZ (Other) - please specify later in GIA Application

Affiliates

- Arizona Desert Bighorn Sheep Society
- Elko Bighorns Unlimited
- Fraternity of the Desert Bighorn
- Kazakhstan Wildlife Foundation
- National Bighorn Sheep Center
- Nebraska Big Game Society
- Nevada Bighorns Unlimited - Fallon
- Nevada Bighorns Unlimited - Midas
- Nevada Bighorns Unlimited (Reno)
- Northern Nevada SCI
- Rocky Mountain Bighorn Society
- Rocky Mountain Goat Alliance
- Society for the Conservation of Bighorn Sheep
- Sonora Wildlife Foundation
- Taos Pueblo
- Texas Bighorn Society
- Wild Sheep Society of British Columbia
- Wild Sheep Society of British Columbia - Northern
- ZZ (Other) - please specify later in GIA Application

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GRANT-IN-AID APPLICATION APPLY

APPLICANTS (*Required)

Lead Applicant Name *

Position/Title *

Agency/Organization *

Address Line 1 *

Address Line 2

City *

State/Province/Territory/Other *

Zip Code/Postal Code *

Country *

Email Address *

Daytime Phone *

Mobile Phone *

Current Member of WSF? *
 Yes No

ADD APPLICANT

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GRANT IN AID APPLICATION PROGRAM PROJECT OVERVIEW

PROGRAM/PROJECT OVERVIEW (*Required)

Title (Use a title that concisely identifies the program and the project including species/habitat/location) *

Synopsis *

Check all funding levels that apply *

- \$250,000 Level
- \$100,000 Level
- \$50,000 Level

Other (please explain)

Does this request span more than a single calendar year? *
(Applications will be approved on a year by year basis and multiyear grants are not guaranteed)
 Yes No

Does this program/project have support from the state/provincial/territorial/tribal/federal/other jurisdictional fish and wildlife management agency(ies) where this program/project will occur? *

Yes No

Jurisdiction/Location of Program/Project: *

Land Status of Project Area:

% Public

% Private

Majority Land Mgt Agency/Entity

Program/Project Location

(i.e. 25 miles west and 10 miles north of specific location)

UTM or Lat/Long Coordinates for geographic center of the program/project study area

Please include map showing program/project location

Choose one file (maximum file size is 6 MB, file types must be .jpg, .gif, or .png)

BROWSE

No file(s) selected

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HOME | GRANT-IN-AID APPLICATION | PROGRAM/PROJECT DETAILS

GRANT-IN-AID APPLICATION PROGRAM PROJECT DETAILS

PROGRAM/PROJECT DETAILS (*Required)

Program/Project Description *

Objectives of the Proposed Program/Project, or Problem to be solved *

Which WSF Objective(s) does your proposal address?

- Enhance wild sheep populations and their habitats
- Promote scientific wildlife management
- Educate the public and youth on sustainable use and the conservation benefits of hunting
- Promote the interests of the hunter and all stakeholders

From WSF's Conservation Vision 2025, which WSF OverarchingGoal(s) does your proposal address?

CV2025 Overarching Goals

- Enhance Wild Sheep Habitat
- Restore Wild Sheep to Suitable Habitats
- Expand & Protect Wild Sheep Hunting Opportunities
- Raise Awareness of Wild Sheep Challenges
- Develop Strategies to Address Wild Sheep Challenge

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GRANT-IN-AID APPLICATION PROJECT BUDGET DETAILS

PROGRAM/PROJECT BUDGET DETAILS (*Required)

Amount Requested from WSF:

Use of WSF money (Describe specifically how WSF grant money would be utilized)

[Empty text box for describing the use of WSF grant money]

Is Auction Tag money from state/provincial/territorial/tribal agency where your program/project will take place being sought from that jurisdiction? *

Yes No

If your application is eligible to be matched 3:1 via Pittman-Robertson matching funds, please describe how and when P-R match will be obtained:

[Empty text box for describing P-R match details]

Partner Money Applied for:

[Empty text box for partner money applied]

Partner Money Approved:

[Empty text box for partner money approved]

Partner Money Originator (Who the money came from):

[Empty text box for partner money originator]

Complete the budget form below. Remember, program/project salaries are not typically allowed. Contracted services and equipment costs must be listed in detail and may be explained more fully in your narrative to be uploaded below. Separately, in the narrative section, please describe "hard dollars" and/or in-kind contributions sought vs. those already committed to this program/project. Also remember that program/project costs prior to completion/execution of the WSF Grant Agreement may be included as matching/donated dollars. Upload Narrative below. Maximum of 5 pages, 12-point font.

Budget Category	WSF \$ Requested	Cooperator/Partner \$ requested or Received	Date Approved or Anticipated for Approval	In-Kind contributions	Total Cost of Work to be Performed
Salaries/Wages	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	\$0.00
Contracted Services	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	\$0.00
Materials & Supplies	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	\$0.00
Travel & Support	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	\$0.00
Equipment	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	\$0.00
Other	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text"/>	\$0.00
Totals:	\$0.00	\$0.00		\$0.00	\$0.00

If applicable, upload additional supporting documents that may further help us evaluate your application. Choose one or multiple files (maximum file size is 6 MB, file types must be .doc, .docx, .pdf, .xls, or .xlsx)

BROWSE

No file(s) selected