



State of California – Department of Fish and Wildlife
NATIVE WILDLIFE REHABILITATION GRANT APPLICATION
 DFW 481 (NEW 8/23) Page 1 of 2

The California Department of Fish and Wildlife has established a competitive grant program, pursuant to Section 1773 of the Fish and Game Code, to support and advance the recovery and rehabilitation of injured, sick, or orphaned wildlife, and conservation education.

1. APPLICANT INFORMATION				
Applicant Name (Last, First)		Facility Name		
Facility Physical Address		City	State	ZIP County
Facility Mailing Address		City	State	ZIP County
Primary Grant Contact Name and Title	Phone #	Email		
Secondary Grant Contact Name and Title	Phone #	Email		
Private land Public land	WRMD Account:	Latitude	Longitude	Acreage
Other Permits (if applicable)	USFWS: _____ CDFW 671: _____			
2. FACILITY INFORMATION				
1. Date Established:		2. Years of Service:		
3. Counties Served:				
4. Annual number of public calls:				
5. Number of satellite facilities:		6. Number of Volunteers:		
7. Public outreach project(s) (if applicable):				
8. Multi-Year special project(s) (if applicable):				
9. Types of wild animals rehabilitated (check all that apply): <input type="checkbox"/> Songbirds <input type="checkbox"/> Raptors <input type="checkbox"/> Waterfowl <input type="checkbox"/> Eagles <input type="checkbox"/> Small mammals (e.g., squirrels) <input type="checkbox"/> Medium mammals (e.g., skunks) <input type="checkbox"/> Large mammals (e.g., coyotes) <input type="checkbox"/> Deer fawns <input type="checkbox"/> Black bear cubs <input type="checkbox"/> Reptiles <input type="checkbox"/> Amphibians				
3. AWARD CATEGORY (Select One)				
Wild animal intakes (Calendar Year 2022)	<input type="checkbox"/> 10-500 (\$3,000)	<input type="checkbox"/> 501-1,500 (\$9,000)	<input type="checkbox"/> 1,501-4,000 (\$14,000)	<input type="checkbox"/> 4,001+ (\$19,000)
Invoicing Preference	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Single (lump sum)	<input type="checkbox"/> No preference
4. BUDGET DETAIL				
Complete the below budget detail (Sections A-D) with items of need anticipated for purchase and reimbursement if awarded a CDFW Native Wildlife Rehabilitation Grant.				
A. PERSONNEL SERVICES (list each individual)				
Example: Seasonal staff: 32 hrs./week, \$20/hr., for 8 weeks (\$5,120)				
				\$ _____
				\$ _____
				\$ _____
Total Personnel Expenses				\$ _____
B. OPERATING EXPENSES: GENERAL (> \$5,000)				
Dietary and Behavioral Enrichment: (e.g., special species diet, supplements)				\$ _____
Veterinary Medical Supplies: (e.g., medical supplies, gauze, splints, medication)				\$ _____
Conservation Education: (e.g., educational materials, web resources, hotline)				\$ _____
Facility Operations: (e.g., water, gas, electricity, internet, waste disposal, etc.)				\$ _____
Wildlife Enclosures: (e.g., construction materials, transport cage)				\$ _____
Staff Health and Safety: (e.g., pre-exposure rabies vaccinations)				\$ _____
Animal Care: (e.g., cleaning supplies, bedding, bowls, enclosure furnishings)				\$ _____
Facility Maintenance: (e.g., improve/repair infrastructure, facility modification)				\$ _____



B. OPERATING EXPENSES: GENERAL (> \$5,000)	
Personal Vehicle Mileage Reimbursement: (e.g., animal transport, \$0.585/mile)	\$ _____
Veterinary Medical Equipment: (e.g., radiological equipment, incubators)	\$ _____
General Equipment: (e.g., food preparation, sanitation)	\$ _____
	\$ _____
	\$ _____
Subtotal Operating Expenses: General	\$ _____
C. OPERATING EXPENSES: SUBCONTRACTORS	
Subcontractor – Veterinarian services	\$ _____
Subcontractor – Construction labor	\$ _____
Disease testing & surveillance: (e.g., diagnostic services, laboratory expenses)	\$ _____
Waste Management: (e.g., biological waste disposal, hazardous waste)	\$ _____
	\$ _____
	\$ _____
Total Operating Expenses: Subcontractors	\$ _____
D. OPERATING EXPENSES: EQUIPMENT (List each item < \$5,000)	
Wildlife Enclosures: (e.g., XL prefabricated enclosures, aviary/mew)	\$ _____
General Equipment: (e.g., food preparation, sanitation)	\$ _____
	\$ _____
	\$ _____
Total Operating Expenses: Equipment	\$ _____
F. GRANT TOTAL (A+B+C+D+E) Must equal exact total of funds requested	
	\$ _____

ACKNOWLEDGEMENT AND SIGNATURE

I understand that any information provided to the Department in this application and any additional information provided to the Department related to this application will be subject to the Public Records Act and may be publicly available. I affirm and attest under penalty of perjury that the information provided in this application and any additional information that may be provided to the Department related to this application is true and accurate to the best of my knowledge."

The Department reserves the right to verify the undersigned claims. Should this verification reveal intentional falsehood by the claimant, the undersigned will be legally obligated to return all received funds and compensate the State for costs associated with verification.

With accordance to [California Civil Code §1633.5\(b\)](#), I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is legal binding equivalent to a handwriting signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

✍ Applicant Signature: _____

 Print Name

 Title

 Date

Return Completed Application via E-mail (preferred): RehabWildlife@wildlife.ca.gov
 Or Mail: California Department of Fish and Wildlife
 ATTN: Wildlife Rehabilitation Coordinator
 1701 Nimbus Road, Suite D, Rancho Cordova, CA 95670