WCWA Grant and Donation Application

Grant Application Donation Application

The WCWA offers grants to its members for projects and programs that align with WCWA goals. The purpose of these grants will be to focus on new projects first and then consider those ongoing projects and community outreach requests that occur on an annual basis. Events that are considered to be, “Learn to Events” must also confirm that they have completed those necessary forms and will be receiving Department funds to assist in their expenses.

The grant period is 1 year and applications must be received by August 30th. The maximum grant request for one event shall be $500.00 without prior authorization from a Board Member. Grant applications shall be submitted to Todd Schaller at the following address: Attn: Todd Schaller, WCWA, PO Box 44, Madison, WI. 53701. Or by email to: [C217tazman@gmail.com](mailto:C217tazman@gmail.com)

Conditions and Timelines:

* Grant evaluations and selection will be made at the September WCWA Meeting
* Grant recipients shall follow up with a written summary and approve that its content along with any submitted photos may be used by the WCWA in its publications
* 4-6 high resolution photos shall be submitted along with the written description
* The grant applicant must be a current member of the WCWA
* A DNR employee must comply with the solicitation and gifting policy. DNR Manual code 1403.1 and 1403.11

The WCWA offers the ability for its members and select nonmembers to apply for an outright donation at any time of the year. In the past an informal process had been used for financially assisting sponsored teams and/or events that align with our WCWA goals. Some past examples have included sponsored baseball teams, hockey teams, financial support to our members attending specific firearm shoots, specialized conferences held by staff in WI, the GEF 2 fallen warden/officer display case. In addition to WCWA members submissions other requests by similar organizations that may not be active WCWA members will be considered.

Donation Applications shall be submitted to WCWA President Dale Romback by email to [Dale.Romback@wisconsin.gov](mailto:Dale.Romback@wisconsin.gov)

Conditions and Timelines:

Donation applications shall be submitted to the WCWA President at least 30 days prior to a scheduled event. This will allow Board members enough time to discuss the request and provide input on the application.

Application for WCWA Regional Grants and Donations

Please check one of the following:

WCWA Regional Grant Request:(Due date August 30th) \_\_\_\_\_

WCWA General Donation Request:(Submitted at least 30 days prior to an event) \_\_\_\_\_

If applying for a donation, please fill out the applicant information, fields marked with an

asterisk(\*) and the check recipient details.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Name: | | | |  | | | | | | | | |  | | | | | | | |  | |
|  | | | *Last* | | | | | | | | | *First* | | | | | | | | *M.I.* | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a current member of WCWA (yes/no)?: | | | | | |  | | | | | Work Region: | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Information** | | | | | | | | | | | | | | | | | | | | | | | | |
| Start Date: |  | | | | | | | End Date: |  | | | | | | | Amount requested\* | | **$** | | | | |
| Project Partners (if any): | | | | |  | | | | | | | | | | | | | | | | | |
| If this involves a “Learn To Event” have you also procured funds through the WI DNR LTH Program? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_  Have you requested a WCWA Grant or Donation for this event/cause prior to this?\* (Yes / No) \_\_\_\_\_\_\_\_\_  If so, have you submitted the required written description and photographs to be used by the WCWA in its media campaign? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What will the requested funds be used for?\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Description: *(Briefly describe what your project proposes, who is impacted, and how it benefits the public or the warden service.)\**  Please don’t forget to fill out the Check Recipient information on the next page | | | | | | | | | | | | | | | | | | | | | | | | |
| **Check Recipient Details** | | | | | | | | | | | | | | | | | | | | | | | | |
| Check Recipient Name: | | | | | | |  | | | | | | | |
| Address: | | | | | | |  | | | | | | | |
| Supplemental Address: | | | | | | |  | | | | | | | |
| City, State, Zip: | | | | | | |  | | | | | | | |
| Memo Line: | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **For WCWA Use Only** | | | | | | | | | | | | | | | | | | | | | | | | |
| Verified Membership: | |  | | | | Approved (yes/no): | | | |  | | | | | | | Grant Amount: | |  | | | | |