

**CW RA**

*Connecticut Wildlife Rehabilitators Association, Inc.*

# Membership: 10 Hickory Hill, Chester CT 06412

# Scan and send completed form to Laurajsimon999@gmail.com

**Emergency Grant Form:**

**This form must be fully completed before grant application will be considered.**

Name: Affiliation:

Address: \_\_\_\_\_\_\_

Contact No: Contact E-mail: \_\_\_\_\_

**Supplies Needed:** Please specify supplies needed (milk replacer, etc., including brand/type)

**Statement of Financial Need:** Please specify what financial hardship necessitates this emergency grant and WHY you need these emergency supplies. Please specify how many animals you have in your care.

**Experience:** Please provide a summary of your rehabilitation background and your species experience applicable to this emergency grant:

**Annual Efforts:** Please provide an estimation of the total number of animals you handle on an annual basis:

Raccoons Skunks Songbirds Waterfowl Fawns Squirrels Rabbits Opossums Woodchucks Foxes Other

How much do you spend annually for rehabilitation? \_\_ Do you collect donations? Yes No

How much do you receive annually from donations in money or supplies?

*I affirm that due to my financial situation an emergency grant is needed. I agree to use the supplies I receive for the exact purpose and according to the terms outlined in this application.*

Signature: Date:



Date: Approved:

***CWRA Only:***

Member-in-good-standing: Yes No

Amount / What Approved: