



WYOMING WILD SHEEP FOUNDATION GRANT APPLICATION

Prior to completing this application, please review the Funding Priorities located

Project Title:

80 character limit

Organization Name:

Project Lead:

Name

Email

Phone

Mailing Address

City, State, Zip

Additional Point of Contact *(if different from Project Lead):*

Name

Email

Phone

Mailing Address

City, State, Zip

Project Type *(select all that apply):*

Disease

Land Conservation

Action

Education and Outreach

Population Management/Monitoring

Habitat

Other

Project Location(s) Information:

County:

Nearest Town:

Project Phase *(if applicable):*

of

**Estimated Invoice
Dates:**

to

Budget Information:

Total WY-WSF Request \$

Total Project Cost: \$

If yes, list each grant received for five years

Has this project been funded by the Foundation previously?

Other Project Contributions or Matching Funds:

In Hand

Requested

Source

Amount \$

Source

Amount \$

Source

Amount \$

Source

Amount \$

Source

Amount \$

Source

Amount \$

Project Objective and Narrative:

