



307 Saint Thomas Avenue, Key Largo, FL 33037
www.ProtectWildDolphinsAlliance.com

FLORIDA GRANT APPLICATION 2023-2024

**APPLICATION MUST BE SUBMITTED BY EMAIL ONLY
BY 5.00PM EST, JULY 1, 2023
PLEASE DO NOT LEAVE ANY BLANK FIELDS**

PLEASE NOTE: The annual use fees from sales of the Florida 'Protect Marine Wildlife' specialty license plate will be distributed to the Protect Wild Dolphins Alliance, Inc., to be used to fund its conservation, research, and educational programs that focus on the conservation of Florida's threatened and protected marine wildlife species.

Applicant Organization's Legal Name:

Address:

Applicant Organization's Website:

Name of Proposed Grant Project:

A. Grant Project Contact Information

Principal contact for the Grant Program:

(Please fill out completely. If a specific item does not apply, please type "none")

Name _____
First Name *Last Name*

Title _____

Address _____
Street

City *State* *Postal Code*

Phone _____
Work Number *Home Number*

Cellular *Fax*

e-mail _____

Best time to Contact _____ AM _____ PM

B. Profile of Grant Applicant

i. Applicant is [Note: must be Florida based and/or expend funds for the benefit of Florida based programs]: (Please check one below)

- Individual
- Not for Profit
- For Profit
- Other
- Municipality
- Public
- College or University
- Private
- Private Foundation
- Public Foundation
- _____ please describe

ii. Tax Status IRS 501 (c)(3) IRS 501 (c)(4)
 IRS approved other (please list) _____

iii. The Applicant has been in existence for _____ years.

iv. Tax ID No or SS# _____

C. Grant History

i. Has the Applicant previously applied to PWDA for a Grant in this or under any other capacity?

Yes _____ No _____ Which year(s)? _____

ii. Has a grant(s) been awarded previously to the Applicant by PWDA?

Yes _____ No _____

If yes, please provide the dollar amount and year of the award.

\$ Amount _____ Year of Award _____
\$ Amount _____ Year of Award _____
\$ Amount _____ Year of Award _____

If yes, was that grant associated with a similar project?

Yes _____ No _____

D. Please describe the primary function of the individual/organization applying for the Grant:

E. Provide a detailed summary of the Grant Project:

F. Provide a description of how the Grant Funds will be used:

Please attach additional pages if necessary

G. Who will be the beneficiaries of the grant funded program?

H. When do you expect to begin your project?

I. What Counties in Florida will the project operate within? (Please note all funds must be expended within or for the benefit of the state of Florida)

J. Estimated number of people the project might impact (please explain)?

K. What can you/your organization do to enhance the visibility of PWDA and the Protect Marine Wildlife specialty license plate program in Florida and what will you commit to do to enhance the visibility of PWDA and the Protect Marine Wildlife Specialty License Plate program in Florida in the event your grant application is successful or not [please note all SLP grant funds are completely dependent on sales of SLP's in Florida]

L. If your organization is interested in programs in South Carolina and/or Louisiana, please indicate below and we will send you the grant application forms for those states.

YES ____ **NO** ____

SIGNATURE ON BEHALF OF APPLICANT

The information, data, facts, and documents submitted as part of this application are, to the best of my knowledge and belief, true and correct as of the date this Application was executed, this ____ day of _____ 2023.

Applicant's Full Name _____

By _____
(Signature)

Name Printed _____

Title _____

Please email completed application to: Steve McCulloch at dolphinrescue@yahoo.com

You will be contacted within 60 days regarding approval/denial or for more information.

FOR PWDA USE ONLY		
Grant Application Number 23-	_____	STATE: Florida
PWDA Initial Review:	Date	Staff Initials
Application was received on:	_____	_____
Application was deemed "Complete":	_____	_____