



101425 Overseas Highway, #307, Key Largo, FL 33037
<https://protectmarinewildlife.org/pages/protect-louisiana-dolphins-1>

LOUISIANA GRANT APPLICATION 2024-2025

**APPLICATION MUST BE SUBMITTED BY EMAIL ONLY
BY 5.00PM EST, NOVEMBER 1, 2024
PLEASE DO NOT LEAVE ANY BLANK FIELDS**

PLEASE NOTE: The monies received from the royalty fees from the Louisiana 'Protect Wild Dolphins' special license plate shall be used solely for the support of scientific research, conservation, and educational programs that serve to restore and protect the ocean environment and freshwater systems and to protect wild dolphins.

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 Louisiana based and/or expend funds for the benefit of Louisiana 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 Grant:

E. Provide a detailed summary of the Grant Project. (Please attach additional pages if necessary.)

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 Louisiana will the project operate within? (Please note all funds must be expended within or for the benefit of the state of Louisiana)

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 Wild Dolphins’ specialty license plate program in Louisiana and what will you commit to do to enhance the visibility of PWDA and the ‘Protect Wild Dolphins’ specialty license plate program in Louisiana in the event your grant application is successful or not [please note all grant funds are completely dependent on sales of ‘Protect Wild Dolphins’ specialty license plate in Louisiana]

L. In the event your grant application is successful, do you agree to post a prominent image of the “Protect Wild Dolphins’ specialty license plate on your website and promotional emails/newsletter with a direct link to information and purchase of the “Protect Wild Dolphins’ specialty license plate.

YES _____ NO _____

M. If your organization is interested in programs in Florida and/or South Carolina, please indicate below and we will send you the grant application forms for those states (Please note purpose and utilization of grant funds differ in each state.)

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 _____ 2024.

Applicant’s Full Name _____

By _____
(Signature)

Name Printed _____

Title _____

**Please email completed application to:
Steve McCulloch at info@protectwilddolphinsalliance.org**

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

FOR PWDA USE ONLY		
Grant Application Number 24/25-	_____	STATE: Louisiana
PWDA Initial Review:	Date	Staff Initials
Application was received on:	_____	_____
Application was deemed “Complete”:	_____	_____