**
WIRES Vet Grant Funding Application Questions**

 **APPLICANT CONFIRMATION STATEMENT**

To be endorsed by the applicant or legally authorised person of the applicant. Submitting the form is considered confirmation of your agreement.

I confirm that I have authorisation at law and under any constitution of the applicant to make this application, endorse this application, and I agree:

* that I have read the [**WIRES Grant Terms and Conditions**](https://www.wires.org.au/Grant%20Terms%20and%20Conditions.pdf) and I/we/they agrees and acknowledges that the WIRES Grant Terms and Conditions Terms and Conditions govern any grant made and I/we/they will comply with them;
* that if the applicant is an independent wildlife carer, I give WIRES permission to contact my/their registry organisation so that WIRES can confirm the applicant has the appropriate care experience and history to complete the proposed project
* that if the applicant is a veterinary practice, I confirm that the Owner/Executive Team are aware of the application, supportive of the project and agree to the grant conditions
* to acknowledge and understand that all applications become the property of WIRES and that WIRES may provide this application to other potential funding sources;
* to inform WIRES if the organisation has a significant change to its governance and/or financial situation;
* that if successful, to provide banking details to WIRES within the required time frame to enable prompt payment;
* that if successful, to expend funding within 3 months or other period as may be provided for under the WIRES Grant Terms and Conditions;
* that if successful, I/we/they will supply WIRES photo and stories of the finished project and grant WIRES permission to publish these photos and stories to demonstrate how the funding has been used to help wildlife.

*PRIVACY NOTICE: In compliance with the Information Privacy Act 2009 (the Act) personal information on this form may be stored in NSW Wildlife Information Education and Rescue Service Inc. (WIRES) records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles WIRES’ financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. For more information read WIRES*[***Privacy Policy***](https://www.wires.org.au/Privacy)

First Name:

Last Name:

Email Address:

Contact Number:

Veterinary Clinic Name:

Your role/position:

Website (if applicable):

Legal Name of Organisation (if applicable):

Physical Address:
City:

State:

Postcode:

Is your postal address the same as above? Y/N

If NO please provide postal address:

Are you in a fire or drought affected area? Y/N

What species have you treated as a result of fire or drought and approx. numbers?

Describe your relief/project:

Items/Assistance Needed:

Detailed Budget Breakdown:

Total Relief Funds Requested:

Do you agree to the WIRES Grants Terms and Conditions: Y/N