

Please answer the following questions by checking YES or NO

YES Have all partners read and agreed to complete all activities in the WPRA Manual?
 NO

YES Does the proposed WPRA contain a minimum of 5% secure nesting cover?
 NO

YES Is the proposed WPRA within an area identified as potential pheasant habitat
 NO depicted in Figure 1 of the WPRA Manual?

YES Are there any permitted regulated shooting grounds within the proposed WPRA
 NO boundary where pheasants are released for hunting or dog training? If Yes, please
list names/contact information?

YES Are there any pheasant or other game bird propagation facilities within the
 NO proposed WPRA? If Yes, please list names and contact information.

YES Have local conservation organizations agreed to complete and maintain habitat
 NO improvements to provide additional pheasant habitat within the study area? If
Yes, please list names and contact information.

YES Is there a financial commitment from Pheasants Forever and/or other partners?
 NO Provide this information in the budget table that follows.

| Budget Item | Fiscal Year (July – June) | | | | | | |
|---|---------------------------|--------|--------|--------|--------|--------|--------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | TOTALS |
| Pheasant Acquisition (cost of birds: if we purchase birds, including transportation and mailing/handling costs) | | | | | | | |
| Pheasant Acquisition (salaries, wages and benefits for capture crew personnel) | | | | | | | |
| Pheasant Acquisition (travel and lodging expenses for capture crews) | | | | | | | |
| Pheasant Acquisition (capture equipment, bait, temporary holding pen, shipping crates/boxes) | | | | | | | |
| Pheasant Acquisition (veterinary services for disease testing, sample collection, overnight shipment, laboratory analysis) | | | | | | | |
| Pheasant Telemetry (receivers and accessories) | | | | | | | |
| Pheasant Telemetry (transmitters) | | | | | | | |
| Miscellaneous. Supplies (small tools, collar material, survey cards, printing, leg bands, signs) | | | | | | | |
| Monitoring Activities (salaries, wages and benefits for crow counts, brood and flushing surveys, cover mapping, banding, releases) | | | | | | | |
| Public Outreach (travel, posters, workshops, flyers, newsletters) | | | | | | | |
| Habitat Analysis (cover assessment and mapping) | | | | | | | |
| Habitat Enhancement (establishing secure cover) | | | | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| Total PGC Funds | | | | | | | |
| Total Partner Funds (specify by organization) 1. 2. 3. | | | | | | | |

Note in the table above organization funding in each cell using the following superscripts:

- * PGC responsibility
- ¹ Partner #1 responsibility
- ² Partner #2 responsibility
- ³ Partner #3 responsibility

PGC use only

Date Project Application was received by PGC: _____

Reviewed and approved by:

BWM Pheasant Biologist _____ **Date** _____

Wildlife Habitat Management Director _____ **Date** _____

Regional Director _____ **Date** _____

Wildlife Management Director _____ **Date** _____

Executive Director _____ **Date** _____