

New York State Council Trout Unlimited
 Conservation Fund
GRANT APPLICATION FORM

Beginning & Ending Dates of Proposed Project: _____

As appropriate, please describe the type of clearances and permits being sought and the status of all necessary clearances or permits required for conducting the project.

Has the proposed project been reviewed by local, state or federal authorities? _____

Amount Requested from NYSCTU Conservation Fund: \$ _____

Matching Contribution(s): \$ _____

Source of Matching Contributions <i>List all sources of support (e.g., private, state, federal and other)</i>	<u>Status</u> <i>Applied for or Received</i>	<u>Cash \$</u>	<u>Inkind \$</u> (indicate value)
<i>Example: TU Embrace-A-Stream</i>	<i>Applied for</i>	<i>\$5,000</i>	<i>\$0</i>

Has chapter received NYSCTU funding before? _____

If so, itemize project(s), year(s) and amount(s) for last 5 years:

Has chapter submitted final reports for all projects outlined above? _____

If not, please explain below:

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Budget Guidelines: With all applications, a detailed project budget must be submitted and conform to the following budget categories that specifically describe direct project expenses, not general project activities.

Budget Category

- Salaries** List each position with the hourly rate and amount of time to be spent on the project. Include only those who are employed by the applicant/recipient (see Contractual Services for employees of other organizations). TU Chapter volunteer labor should be calculated at a rate of \$16.05 / hour and must be listed under "Matching Contributions".
- Contractual Services** List each service being contracted and its cost, including a justification for the requested level of funding.
- Equipment** List each item of tangible, nonexpendable personal property being purchased, leased or rented that has a useful life of more than one year and its unit cost.
- Materials/Supplies** Provide a line item breakdown of each type of item with the number of items of that type and the per-unit cost.
- Printing** List each type of item being printed with the number of items of that type and the per-unit cost.
- Travel** Indicate the number of trips, number of travelers, mode of transportation, and rates.
- Other** List other direct project expenses per line item (e.g., postage, long distance phone charges).

*****All expenses should be broken out into their respective categories.*****

Budget Category	Justification	Funds Requested from NYSCTU	Anticipated Matching Contributions	Total
<i>Example: Materials</i>	<i>e.g., 1500 native tree seedlings \$1/plant for restoration</i>	<i>e.g., \$1,000</i>	<i>e.g., \$500</i>	<i>e.g., \$1,500</i>

NOTE: List only financial line items under the column "Budget Category." Contributed goods and services should be included under Matching Contributions based on the estimated dollar value of the contribution.

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<u>TU Chapter President:</u>			
Name	E-mail	Phone #	
Address	City	State	Zip
Signature			Date

<u>NYSCTU Regional VP:</u>			Region: _____
Date initial contact made with NYSCTU Regional VP: _____			
Name	E-mail	Phone #	
Address	City	State	Zip
Signature			Date
<i>My signature shows that I have reviewed this application and am aware that it occurs within my Region and that the proposed project is consistent with TU's National Conservation policies.</i>			

<u>Sponsoring Professional or Agency Partners:</u> (if applicable)			
Name	E-mail	Phone #	
Title	Agency (i.e. USF&WS, NYSDEC, etc.)		
Address	City	State	Zip
Signature			Date

<u>Landowner:</u> (if applicable)			
Name	E-mail	Phone #	
Address	City	State	Zip
Signature			Date

*Original signatures **must be** received with this application.*

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Terms & Conditions

- All grant recipients must submit to NYSCTU a final report, including evaluation results, within 6 months of project completion. For continuations, a progress report must be submitted, including a brief description of the delays and work plan.
- Changes or amendments to a Conservation Fund project must be submitted to NYSCTU and are subject to review and approval by the Conservation Fund Chairman and committee.
- Unexpended project funds must be returned to NYSCTU at the conclusion of the project. Such funds will be used for future projects.

TU Project Contact: (Person to contact if there are questions about the proposal. Cannot also be Sponsoring Professional or Agency Partners.)			
Name	E-mail	Phone #	
Address	City	State	Zip
<i>Signature</i>			Date
<i>I certify that to the best of my knowledge, the above information is true and accurate and agree to the terms and conditions set forth in this application.</i>			

Applications for funding must be submitted by the following deadlines:

January 31st (for March Meeting)	April 30th (for June Meeting)
July 31st (for September Meeting)	October 15th (for November Meeting)

This will provide the Conservation Fund Committee sufficient time to review the application and have corrections made (if needed) prior to discussion at the subsequent Council Meeting.

Completed applications should be mailed to:
 NYSCTU Conservation Fund VP, c/o Jeff Plackis, 49 Lakeside Drive, Rockville Centre, NY 11570
 Or emailed to jcplackis@optonline.net

Reviewed by:

Conservation Fund Committee:	Date: _____	Approved: _____	Date: _____
Conservation Fund VP:	Date: _____	Approved: _____	Date: _____
	<i>Signature</i>	<i>Initial</i>	
Resource Management VP: <small>(if applicable)</small>	Date: _____	Approved: _____	Date: _____
	<i>Signature</i>	<i>Initial</i>	
NY State Council Chairman:	Date: _____	Approved: _____	Date: _____
	<i>Signature</i>	<i>Initial</i>	