



# Project Funding Request Form

<b>Project Number (Office Use Only)</b>		<b>Date Project Sent to Office:</b>	
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<b>Request Date:</b>		
<b>Project Type:</b>	Chapter Rewards      Conservation Partnership      Conservation Tag	
	Muley/Outreach Grant      Grant:	
	Other:	
<b>Project Name:</b>		
<b>Project Location:</b>		
<b>State:</b>	<b>County:</b>	<b>Nearest City:</b>

<b>Project Leader(s):</b>			
<b>Name:</b>		<b>Name:</b>	
<b>Agency/Organization:</b>		<b>Agency/Organization:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City/State/Zip:</b>		<b>City/State/Zip:</b>	
<b>Primary Phone:</b>		<b>Primary Phone:</b>	
<b>Secondary Phone:</b>		<b>Secondary Phone:</b>	
<b>Email Address:</b>		<b>Email Address:</b>	

Check if Administrative contact is different from above (enter on page 3 below)

<b>Total Cost of Project:</b>		<b>MDF Funds Requested:</b>	
<b>Proposed Start Date:</b>		<b>Proposed End Date:</b>	
<b>Project Category: Check all that apply:</b>		<b>Other Project Info:</b>	<b># of Acres</b>
Habitat		Impact on Public Land?	
Research/Studies		Impact on Private Land?	
Law Enforcement		Conservation Easement?	
Management		List agency name or organization	
Education		Public Land Agency:	
Conservation Easement:		Who Monitors Easement?	
Other: (Explain):			<b># of Acres</b>
Will project proceed without MDF \$\$\$ ?		Winter range	
Is this a multi-year project?		Transitional range	
Can MDF Funds be used in future years?		Summer range	
Enter High, Medium, Low for following		Migration corridor	
Priority:		Fawning area	
Commitment level of agency:		Provide estimate of deer herd	

<b>List Agency/Organization responsible for administrative, planning, fiscal, management responsibility</b>



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**If full or partial funding received, how will project proceed? Describe scaled back approach.**

Matching Funds On Hand		Matching Funds Requested	
Agency/Organization Name	\$ Allocated	Agency/Organization Name:	\$ Requested
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

**PROJECT GOALS, OBJECTIVES, PURPOSE:** Be as descriptive as possible, use additional pages if needed.

**DESCRIPTION OF PROJECT AREA:** (Describe existing vegetation, landscape: Attach supporting photos and/or maps of project area if possible, use additional pages if needed)

**HOW WILL MDF FUNDS BE USED:** (Describe materials needed, contract costs, seed, seed mixture shrub costs, etc). Note: MDF Policy prohibits certain expenditures of some items like ATVs, night goggles, etc.)

**WHO WILL COMPLETE THE WORK?** (Agency staff, contractors, other)



## Project Funding Request Form

<b>CAN MDF VOLUNTEERS PROVIDE ADDITIONAL MANPOWER?</b> (Provide description)

<b>PROVIDE ANY ADDITIONAL COMMENTS BELOW:</b>

<b>CROSS AGENCY SIGN-OFF:</b>
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If multiple federal, state, local agencies are involved, list contact info for each. The agency having oversight with this effort should have other agencies/orgs involved submit emails with letter of support, approval, etc. Use email for this activity rather than obtaining signatures.

Agency/Org Name:	Contact Name:	Contact Phone #:

**If contact for administrative purposes and funding is different than Project Leader, list contact below as this person will receive correspondence from MDF.**

<b>Contact Name:</b>	
<b>Agency/Organization:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Primary Phone:</b>	
<b>Secondary Phone:</b>	
<b>Email Address:</b>	



## Project Funding Request Form

FOR ADMINISTRATIVE USE ONLY: The following section to be completed by MDF Staff or Key Volunteers only:

**List at least one chapter representative's information:**

Chapter Representative	Phone #	E-mail Address:	Chapter Name or City

<b>Total Project Cost:</b>		<b>Amount Requested:</b>		<b>Estimated Date Needed :</b>	
<b>Amount to be Allocated:</b>					

**Source of MDF Funds:** Please complete the chart below (Contact your Regional Director if you need assistance as funding may be a result of MDF Chapters partnering with each other for a project).

Year Funds Raised	Source of Money (Chapter Event or Conservation Partner)	If Conservation Partner, list donor name (Optional)	Chapter Name/ Number	Chapter City/State	Dollar Amount
<b>Total Allocated</b>					



## Project Funding Request Form

Did State Project Review Committee examine this project?		
List the date and location of the meeting.		
List those members of the Project Review Committee who participated or were present		
<b>Agency/Organization Name:</b>	<b>Contact Name:</b>	<b>Contact Phone #:</b>

**Provide comments indicating status, recommendation, priority, reason for approval or decline. Or provide a separate tracking spreadsheet with this information.**

**State Chair Review:**  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**RD Review:**  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Conservation Staff Review:**  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Director of Field Operations Approval:**  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Director of Conservation Approval:**  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**CFO Approval:**  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Outreach Coordinator Review:** *\*For outreach grants only*  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**MDF Approval:**  
 Yes    No    Signature: \_\_\_\_\_ Date: \_\_\_\_\_