|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Date:**  |  |  **Funding Category (1, 2, 3 or 4):** *(choose 1)* |  |  **Sponsoring Agency:** |  |
|  **Project Title:** |   |
|  **Project Description:** *(Brief 1-2 line description of the project’s purpose to be used for reporting in public announcements)* |
|   |
|  **Resubmittal (Y/N):** |  |  **Followup (Y/N):** *(If Y, include Project Number & Title)* |  |
|  **Location:**  |  |  **Start Date:** |  |  **End Date:** |  |
|  **Project Coordinator:** *(designate only 1 project coordinator per project)* |
|  **Name:** |  **Organization:** |
|  **Phone:** | **Email:** |  **Mailing Address:**  |
|  **Applicant Signature: *Applicant has reviewed grant application requirements and checklist as listed on MOHF website: www.maine.gov/ifw/MOHF*** |
|  **Partner(s):***(Partners help to plan or implement the project, letters of understanding between partnering organizations MUST be included with full proposal)* ***NOTE: These letters are NOT letters of support. They MUST clearly state the role of the partner in the project.*** |
|  **Organization & Role of Partnership:**   |  ***Partner Letter Included: (required with full application)*** |
|  **Organization & Role of Partnership:**  |  ***Partner Letter Included: (required with full application*** |
|  **Organization & Role of Partnership**:  |  ***Partner Letter Included: (required with full application*** |
|  **Project Summary:** *(Provide a* ***brief*** *summary, what work the project involves) Further detail may be provided with full proposal* |
|  |
|  **Project Objectives:** *(Provide* ***brief*** *description of objectives, what the project will accomplish). Further detail may be provided with full proposal)* |
|  |
|  **Budget Section:** *(The data below MUST match the data on the budget form section of the grant proposal)*  |
|  **Cash Match In Hand:** |  |  *(List on Budget Form Sources and Amounts)* |
|  **Cash Match Pending:** |  |  *(List on Budget Form Sources, Amounts and Committal Dates)* |
|  **MOHF Request:** |  | *(Includes Administrative Fees if Applicable)* |
|  **In-Kind Services:** |  |  *(Examples include: volunteer time, mileage, donated equipment & supplies)* |
|  **Total Budget:** |  |  *(Cash Match In Hand + Cash Match Pending + In-Kind Services + MOHF Request= Total Budget)* |
| **To Be Completed by Sponsoring Agency: *(Check 1, 2, OR 3 and indicate if agency does NOT endorse project)***  |
| 1. **🞏 Agency Project** *(funding will be directed to Agency)*
2. **🞏 Pass Thru Project** (*funding will be processed with a special services contract initiated by MOHF Secretariat)*
3. **🞏 Pass Thru Project – Agency Partner** *– (same as #2* ***AND*** *agency is involved with planning or implementation of the project)*

**🞏 Agency does *NOT* endorse project** *(check if agency does* ***NOT*** *endorse - meets MOHF guidelines; however agency doesn’t endorse it)* |

***Signature of Commissioner or Director of Applying Natural Resource Agency Date***