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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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***