*Please see the “PCAF Application Rules and Guidelines” document for more information about eligibility, funding requirements, and other project considerations. Step by step instructions for this application form are provided in the “PCAF Application Instructions” document.*

Project Title:

*(If this is a continuing project, please use the same name)*

|  |
| --- |
| **Contact information** |
| Sponsoring group or individual: *(If your application is approved, the cheque will be issued in this name).* |  |
| Mailing address***:****(cheque and correspondence will be mailed to this address)* |  |
| Name of project coordinator***:*** |  |
| Email***:*** |  |
| Phone number(s)***:*** |  |
| Fax***:***  |  |

|  |
| --- |
| **Project Information** |
| Year:  |  |
| Amount of Grant Requested:*(from budget calculations on pg.4)*  |  |
| Project location*:* *(to the nearest community)* |  |
| Will the project be multi-year?*(yes or no)* |  |
| Has this project been funded by PCAF before? *If so, please indicate the project number and which year of year this is (e.g. Year 2 of 3)* |  |
| Is this project affiliated with an approved HCTF project? *(Please indicate project #. See Application Rules & Guidelines for eligibility requirements.)* |  |

Mandatory Letter of Support attached: YES [ ]

*(see PCAF Application Rules & Guidelines more information on the mandatory LOS from the appropriate provincial regional fish or wildlife biologist)*

# Brief project description:

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| --- |
|  |

Benefits to fish, wildlife, and community:

*(Please describe the problem addressed by this project and explain the conservation benefits.)*

|  |
| --- |
|  |

Objectives:

(*Please describe what you want to accomplish. This may be in point form.)*

|  |
| --- |
|  |

Methods/activities:

*(Describe how you are planning to carry out the project activities listed above.)*

|  |
| --- |
|  |

Volunteer activities:

*(Clearly describe what the volunteers will be doing. Where possible, indicate the activity and the number of volunteer hours required to complete the task).*

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|  |

Other groups or agencies involved in planning your project: *(Please list)*

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Other funding partners: *(Please list)*

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|  |

Additional letters of support attached: *(Please list a maximum of 3 additional LOS)*

|  |
| --- |
|  |

# Project Budget

***\*\*PART B MUST NOT BE GREATER THAN PART A\*\****

|  |  |  |
| --- | --- | --- |
| **A. Matching Funds Calculation** **(see Application Instructions for additional details)** | **Subtotals**  | **Total Dollars** |
| **How many volunteers are involved in this project? \_\_\_\_\_****Volunteer labour** – *Please provide the estimated # volunteer hours x $15.00. This must* ***amount to at least half of your matching funds.*** *( )hours x $15.00=* | $ |  |
| ***Volunteer labour total =****This amount must be at least 50% of Part B: PCAF Request* | $ |
| **Allowable donations** - *Please give details of each item such as club funds, donated services, materials or equipment. Please use more space as needed.* 1.2.3. | $$$ |  |
| ***Allowable donations total=*** | $ |
| ***Part A: Matching funds total=*** | **$** |
|  |  |  |
| ***B. Public Conservation Assistance Fund Request*** |  |  |
| **Allowable expenditures -** *Please give complete budget details clearly describing what you are asking PCAF to fund. Please use more space as needed.*1.2.3.  | $$$ |  |
| ***Part B: PCAF Request Total=***  | **$** |