

## **OFAH ZONE Grant Applicant Information**

Completed application should be sent to			
NAME OF ORGANIZATION			
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
PHONE	EMAIL		
FAX			
CHARITABLE REGISTRATION # _		ee the note at end of application for further instructions)	
(in	on registered organizations please se	e the note at end of application for further instructions)	
CONTACT NAME	POSITION		
		MBER	
Has your organization applied previ	iously for funding? YES	NO If yes, what year	
Has your organization previously re	eceived funding? YES	NO  If yes, what year	
ELIGIBILITY			
Does this project:			
1. Conserve or enhance natural habitat 2. Promote, cooperate or participate in conservation education 3. Promote and support scientific research in the areas of fish and wildlife 4. Promote and enhance the wise use of fish, wildlife and natural resources .  5. Cooperate with other organizations in conservation			
PROJECT OVERVIEW (please be brief with your answer)			
Project title:			
Project location:			
Project duration:	Start date	Completion date	
Project cost: \$	Amount of Funding being requested: \$		

## **Grant Application – 2020**

DETAI	LS OF PROJECT (Please be as specific as possible with your answer and include expected results)
PRO IF	ECT FUNDING PARTNERS: (Please list other planed sources of project resources)
11001	TOTAL ON DINVOLT ATTITUE TO. (Flease list other planed sources of project resources)
HOW \	VILL THE OFAH ZONE PARTICIPATION BE RECOGNIZED
NOTE:	As per Canada Revenue Agency (CRA), Organizations <u>not</u> registered as a charity with CRA must provide a report detailing the results of your Program/Event within 30 days of the program/event completion. Failure to do so will result in future funding being denied. This report, along with copies of receipts showing how our funds where spent, should be sent to:
Name_	Title Zone