



FRATERNITY OF THE DESERT BIGHORN

P.O. Box 27494

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www.DesertBighorn.com

Grant Funding Request Application

Mission Statement: A membership unselfishly dedicated to the welfare and conservation of Desert Bighorn and Nevada's wildlife.

Funding Requests are due on or before the 15th of each month.

Date:

Title of Project:

Submitted By:

Affiliation:

Contact Phone Number:

Contact E-Mail Address:

Total Amount of Funds Requested: \$

Date Funds are Needed By:

Type of Project: Trap & Transplant Water/Habitat Development

Youth/Education Other:

Location of Project: *(If applicable, please detail the location of the project and include a map. If the project area and treatments/activities are defined, please provide total acreages and delineations on a map and in the project description below.)*

Project Description: Please provide a detailed description of what the funds are to be used for and how these funds will contribute to enhance the Fraternity of the Desert Bighorn’s mission (continue on additional pages if necessary).

Project Time Frame: Please provide a schedule for the project, including a time frame for funds expenditure and date certain for completion.

Cost Detail: Please break out line item costs per this request (attach additional information if needed*). Include detail of any other potential and/or secured funding sources and previously secured amounts for this project. Note: Fraternity of the Desert Bighorn policy prohibits the use of funding for administrative, overhead or indirect costs. In addition, if the project requires subconsultants, material or other expenses, such items shall be paid directly by the Fraternity of the Desert Bighorn utilizing a FDB Check Request Form.

<u>Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit Cost</u>	<u>Item Cost</u>
			\$	\$
			\$	\$
			\$	\$
Total Amount Requested:				\$

If approved check to be made payable to:

Payee Mailing Address:

**If possible attach invoices, brochures, special payment conditions, item specification sheets or any other applicable support information.*

Endorsement: I hereby agree to abide by the stated requirements of this Fraternity of the Desert Bighorn (FDB) grant. I understand FDB funding stipulations and will provide all necessary progress and final reports if I receive a grant from FDB.

Signature of Applicant: _____

Title:

Date: