



ARIZONA GAME AND FISH DEPARTMENT
 Attn: Heritage Fund and Grants Administrator
 Director's Office
 5000 W. Carefree Highway
 Phoenix, AZ 85086

Project # _____

(From Project Budget Worksheet on Page-3)
 Heritage Dollars Requested: _____
 Match/Donations Provided: _____
 Total Anticipated Project Costs: _____

HERITAGE FUND GRANT APPLICATION

To be eligible for a Heritage Grant an applicant must be in compliance with provisions of Title VI of the 1964 Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.

Applicant: _____
 Submitted By: _____
 Title/Position: _____
 Address: _____
 City: _____
 State/Province: _____ Postal code: _____ County: _____
 E-mail: _____
 Mobile phone: _____ Office phone: _____ Fax: _____

NOTE: Please read the **Heritage Fund Grant Application Manual**. Using the **Funding Window CRITERIA**, select **ONLY ONE** of the following sub-categories by placing an X in the appropriate box.

- Schoolyard**
- Urban Wildlife / Urban Habitat**
- Public Access**
- IIAPM (Identification, Inventory, Acquisition, Protection and Management of Sensitive Habitat)**

Project Title: _____
 Project Location: _____
 Legislative District(s): _____ County(s) of Impact: _____

BRIEF PROJECT SUMMARY DESCRIPTION (Maximum 500 characters with spaces)

The undersigned hereby offers and agrees to perform in compliance with all terms, conditions, specifications and scope in the application. Signature certifies understanding and compliance with the application attached hereto. Arizona Game and Fish Department may approve modifications to scope items, methodology, schedule, final products, and/or budget.

Authorized Signature: _____ Date: _____
 Printed Name: _____ Title: _____
 Address: _____
 Phone(s): _____ Email: _____



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PROJECT NARRATIVE:

1. Describe the need for the project, objectives and your action plan. Explain how these meet at least one of the sub-category's **Funding Windows**. Be specific.

2. Are ground disturbing activities going to occur? If yes, has cultural compliance from the Arizona State Historic Preservation Office (SHPO) already been started or obtained?

3. Duration of Project:

Anticipated Beginning Date:	Anticipated Ending Date:
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4. Describe, in detail, your method and how you will measure progress and success of the project. Include milestones.

5. Specifically describe how you will promote this project and acknowledge the AZ Game and Fish Department Heritage Fund.

6. Please list any partners who support this grant proposal along with their contact information.

7. If the project received less funding than the Heritage Grant requested amount, would the project still be completed as described in the proposal?



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Project Budget Worksheet

Below is a listing of standard budget line items that must be itemized and justified. Please provide your project budget in this format and order. Although Match is not required, it is encouraged!

a. Time Period this budget covers:

Heritage Fund Dollars Requested: _____
 Local Match: _____ (Highly Encouraged!)
 Local Donations: _____ (Highly Encouraged!)
 Total Anticipated Project Costs: _____

b. **Expenses:** Include an itemized description and the total amount for each of the following budget categories, in the order depicted below. If applicable, please specify Match (M) or Donation (D).

EXPENSE	DESCRIPTION	Match (M) / Donations (D)	Heritage Dollars Requested
Personnel	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Development	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Total Expense	_____	\$ <input style="width: 100px; height: 20px;" type="text"/>	\$ <input style="width: 100px; height: 20px;" type="text"/>



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PRIMARY CONTACT LIST

Explanation

- Applicant must have three (3) contacts directed to oversee the grant project.
- These contacts must be committed for duration of the grant project time-line.
- Provide up-to-date contact information for each of the three contacts for the grant.

PRIMARY CONTACT #1

Name: _____ Title: _____

Organization: _____

Project Role: _____

Address: _____

City: _____

State/Province: _____ Postal code: _____ County: _____

E-mail: _____

Mobile phone: _____ Office phone: _____ Fax: _____

PRIMARY CONTACT #2

Name: _____ Title: _____

Organization: _____

Project Role: _____

Address: _____

City: _____

State/Province: _____ Postal code: _____ County: _____

E-mail: _____

Mobile phone: _____ Office phone: _____ Fax: _____

PRIMARY CONTACT #3

Name: _____ Title: _____

Organization: _____

Project Role: _____

Address: _____

City: _____

State/Province: _____ Postal code: _____ County: _____

E-mail: _____

Mobile phone: _____ Office phone: _____ Fax: _____

****If there are any changes during the grant period, Please notify the AZGFD Heritage Fund and Grants Administrator.**