



Heritage Fund

ARIZONA GAME AND FISH DEPARTMENT
Attn: Wildlife 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 Eligibility CRITERIA, select ONLY ONE of the following sub-categories by placing an X in the appropriate box.

- Environmental Education
Outdoor Education (Must include a Field-Trip Itinerary)
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)

[Empty box for project summary description]

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:

- a. Project Objectives/Action Plan. Explain how these meet one or more of the **Eligibility CRITERIA** listed within the **Funding Window** in the sub-category in which you are applying for.

- b. Duration of Project:

Anticipated Beginning Date: Milestones (Date/Description): 1. 2. 3. 4.	Anticipated Ending Date:
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- c. Describe your method and how you will measure progress and success of the project?

- d. How will you promote/advertise this project and acknowledge the AZ Game & Fish Department Heritage Fund?

- e. Please list your Local Community partners who support this project along with their contact information.



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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 and/or 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:

EXPENSE	DESCRIPTION	Match/In-Kind /Donations	Heritage \$'s Requested
Personnel	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Development	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Total Expense	_____	\$ <input type="text"/>	\$ <input type="text"/>



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PRIMARY CONTACT LIST

Table with 1 column: Explanation. Content: Applicant must have three (3) members directed to oversee the grant project. Overseers must be committed for duration of the grant project time-line. Provide up-to-date contact information for all Overseers of the grant project.

PRIMARY CONTACT #1

Form for Primary Contact #1 with fields: Name, Title, Organization, Project Role, Address, City, State/Province, Postal code, County, E-mail, Mobile phone, Office phone, Fax.

PRIMARY CONTACT #2

Form for Primary Contact #2 with fields: Name, Title, Organization, Project Role, Address, City, State/Province, Postal code, County, E-mail, Mobile phone, Office phone, Fax.

PRIMATRY CONTACT #3

Form for Primatry Contact #3 with fields: Name, Title, Organization, Project Role, Address, City, State/Province, Postal code, County, E-mail, Mobile phone, Office phone, Fax.

If there are changes during the grant period, Please notify Robyn Beck at rbeck@azgfd.gov