**2019 Multistate Conservation Grant Program**

**Grant Proposal**

**Executive Summary**

(Limit – 2 Pages)

1. **Project Title:**
2. **Full Legal Name of Organization:**
3. **Organization Information:**
4. Applicant Classification:
5. Nongovernmental Organization Classification (if applicable):
6. **Lead Applicant’s Contact Information:**
7. **Name and Affiliation of Co-Investigator(s)/Partner(s) (if applicable):**
8. **Project Length :**
9. **Funding Requested:**
10. Total Amount for 2019: $\_\_\_\_\_\_\_\_\_\_\_
11. **Estimate of Partnership Funds to be Leveraged (if applicable): $**
12. **Funding Source.**

Percent WR:\_\_\_\_\_\_% Percent SFR: \_\_\_\_%

1. **State Benefit Requirement:** a. \_\_ b.\_\_\_ c.\_\_\_ d.\_\_\_
2. **Primary National Conservation Need (NCN) Addressed:**
3. **Terms and Conditions.** *Use of MSCGP Grants - All applicants must ensure that their proposed project does not fund, in whole or in part, an activity that promotes or encourages opposition to the regulated hunting or trapping of wildlife or taking of sport fish.*

I agree with the above terms and conditions.

1. **Summary Statement (200 words or less):**

**Project Narrative**

(Limit – 10 Pages)

**Title**

**Problem Statement**

**Project Goals and Objectives**

**Program Methods and Design**

**Deliverables and Benefits**

**Monitoring and Evaluation**

**Experience**

**Certification Regarding Fishing/Hunting**

“By submitting this proposal, the organization’s primary contact and/or authorized representative identified in this grant application certifies that the (insert name of organization) (1) will not use the grant funds to fund, in whole or in part, any activity of the organization that promotes or encourages opposition to the regulated hunting or trapping of wildlife or the regulated taking of fish; and (2) that the grant funds will not be used, in whole or in part, for an activity, project, or program that promotes or encourages opposition to the regulated hunting and trapping of wildlife or the regulated taking of fish.”

**Certification Regarding Partnership Funds (if applicable)**

“By submitting this proposal, the organization’s primary contact and/or authorized representative identified in this grant application certifies that the (insert name of organization): 1) understands that partnership fund contributions are assessed in the Association’s review and selection of its priority list of MSCGP projects, but are not considered by the USFWS to be an official non-federal match/cost-share; 2) will provide the partnership funds identified in order to complete the proposed project; 3) understands that if the promised partnership funds are not provided, and there is not a sufficient explanation, potential consequences could include a poor “quality assurance” evaluation by the National Grants Committee for the organization’s future MSCGP applications; the imposition of “special award conditions” on this proposed grant and/or future grants (pursuant to 43 CFR 12); and if the failure to provide partnership funds affects the scope/objective or deliverables or other terms and conditions of the grant, then the USFWS could take necessary enforcement and termination actions (pursuant to 43 CFR 12).”

**Budget**

(Limit – 2 Pages)

**PLEASE NOTE:** This table represents the Association’s preferred budget format. However, applicants are not required to use it. If an applicant wishes to use it, they may modify it to meet their needs.

|  |  |  |
| --- | --- | --- |
| **Expenses** | **2019** | |
| **MSCGP** | **P.F.** |
| **Objective 1:** |  |  |
| Personnel |  |  |
| Fringe (\_\_%) |  |  |
| Travel |  |  |
| Supplies |  |  |
| Equipment |  |  |
| Contractual |  |  |
| Other (Specify) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Subtotal* |  |  |
| **Objective 2:** |  |  |
| Personnel |  |  |
| Fringe (\_\_%) |  |  |
| Travel |  |  |
| Supplies |  |  |
| Equipment |  |  |
| Contractual |  |  |
| Other (Specify) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| *Subtotal* |  |  |
| Total Direct Costs |  |  |
| Indirect Costs\*\* (\_\_%) (Note: 20% cap for MSCGP request) |  |  |
| **Total Expenses** |  |  |

Total MSCGP for the X-year project is $X; Total partnership funds for the X-year project are $X.

\*\*If you have a Negotiated Indirect Cost Rate, please provide a copy of the agreement.

**Qualifications of Key Personnel**

(Limit - one paragraph per individual

or if attaching resumes or CVs, max. one page per individual)