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| **SICIM Grant General Application Form****This application MUST be typed and MUST be submitted on this form or an identical copy.** |
| 1. | **Project Name:**  |
| 2. | **Address of organization (street, city, state, and ZIP code):** |
| 3. | **Primary contact person (name, affiliation, address):** | **Primary contact (telephone, E-mail):** |
| 4. | **Persons responsible for preparing grant application:** | **Telephone, e-mail of persons responsible for preparing grant application:** |
| 5. | **Project Coordinator (name, affiliation, address):** | **Project Coordinator (telephone, e-mail):** |
| 6. | **List additional organizations who will assist with this project:** |
| 7. | **List the contributions other organizations will make to this project.** |
| 8. | **Project start date (month, date, year):** | **Project end date (month, date, year):** |
| 9. | **Title of project:** |
| 10. | **Where is the project located? (county, region, watershed) What are the geographic characteristics of the project area?** |
| 11. | **Project Summary.** |
| 12. | **How will the project impact the geographic area in which it is located?**  |
| 13. | **Project Details: What is the desired project outcome and/or deliverables?** |
| 14. | **Budget** |
|  | **Grant Request: $\_\_\_\_\_\_\_\_\_\_** | **Grant Match: $ \_\_\_\_\_\_\_\_\_\_\_\_**  |
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| GRANT FUNDS REQUESTED |
| **Category** | **Description** | **Rate** | **Total Cost** |
| **Labor** |   |   |   |
| ***Labor Fringe*** |   |   |   |
| **Travel** |   |   |   |
|  |   |   |   |
| **Equipment** |   |   |   |
|  |   |   |   |
| **Supplies** |   |   |   |
|  |   |   |   |
| **Other** |   |   |   |
|  |   |   |   |
|  |  | **Total Requested** | $0.00 |

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| MATCH PLEDGED |
| **Category** | **Description** | **Rate** | **Total Cost** |
| **Labor** |   |   |   |
| ***Labor Fringe*** |   |   |   |
| **Travel** |   |   |   |
|  |   |   |   |
| **Equipment** |   |   |   |
|  |   |   |   |
| **Supplies** |   |   |   |
|  |   |   |   |
| **Other** |   |   |   |
|  |   |   |   |
|  |  | **Total Match** | $0.00 |
|  |  |  |  |

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| **Budget Details: Use this space as needed to give details on budget items such as expected supply or equipment costs or the source of matching funds, time, or equipment.****LABOR:****TRAVEL:****EQUIPMENT:****SUPPLIES:****OTHER:** |