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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: $ \_\_\_\_\_\_\_\_\_\_\_\_** |
| |  |  |  |  | | --- | --- | --- | --- | | GRANT FUNDS REQUESTED | | | | | **Category** | **Description** | **Rate** | **Total Cost** | | **Labor** |  |  |  | | ***Labor Fringe*** |  |  |  | | **Travel** |  |  |  | |  |  |  |  | | **Equipment** |  |  |  | |  |  |  |  | | **Supplies** |  |  |  | |  |  |  |  | | **Other** |  |  |  | |  |  |  |  | |  |  | **Total Requested** | $0.00 | | | |
| |  |  |  |  | | --- | --- | --- | --- | | MATCH PLEDGED | | | | | **Category** | **Description** | **Rate** | **Total Cost** | | **Labor** |  |  |  | | ***Labor Fringe*** |  |  |  | | **Travel** |  |  |  | |  |  |  |  | | **Equipment** |  |  |  | |  |  |  |  | | **Supplies** |  |  |  | |  |  |  |  | | **Other** |  |  |  | |  |  |  |  | |  |  | **Total Match** | $0.00 | |  |  |  |  | | | |
| **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:** | | |