**Montana Chapter of the American Fisheries Society**

***Resource Action Fund Grant Application***

**The executive committee (past-president, president, president-elect, and secretary-treasurer; EXCOM) of the Montana Chapter of the American Fisheries Society (MCAFS) will review this grant request on behalf of the Chapter. The EXCOM will provide a decision within 60 days of receipt of any grant application not exceeding $2,000; however, requests greater than $2,000 require a membership vote and will be presented to the membership at the Chapter’s annual meeting, traditionally held in mid-February each year. All applications, regardless of the amount requested will need to be submitted to the Chapter President by January 15th.**

**For more details please see the MCAFS web page at https://units.fisheries.org/montana/raf-application-guidelines/, or contact an EXCOM member. Please fill out each section of the RAF grant application completely, providing adequate background for your project, a description of the benefits to Montana fisheries, and what the requested funds would be used for.**

1. **Applicant Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **a.** | Applicant Name | | | | |  | | | | | | | | |
|  | **Mailing Address** | | | | |  | | | | | | | | |
|  | City |  | | | | | **State** |  | | **Zip** | |  | | |
|  | Telephone | |  | | | | | | | | | | | |
|  | E-mail address | | | |  | | | | | | | | | |
| **b.** | **Is the applicant also the contact person for this grant?** | | | | | | | |  | | **Yes** | |  | No |
|  | **If not, please provide the following:** | | | | | | | | | | | | | |
| **c.** | Contact Name | | |  | | | | | | | | | | |
|  | **Mailing Address** | | | | |  | | | | | | | | |
|  | City |  | | | | | **State** |  | | **Zip** | |  | | |
|  | Telephone | |  | | | | | | | | | | | |
|  | E-mail address | | | |  | | | | | | | | | |

1. **Project Information (use additional space/pages as needed).**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **a.** | Project Title: |  | | | | | |
| **b.** | **Purpose of Project:** | | | | | | | | | | | |
|  | Why is this project being proposed or implemented? Include the goal and objectives of the project. What are the expected outcomes? | | | | | | | | | | | |
| **b.** | **Project Description:** | | | | | | | | | | | |
|  | *Briefly, but completely, explain what the project is and how it will be implemented. What is the study or work plan? Are there other partners on the project (whether or not they are providing funding)? What will the requested RAF funds be used for (as specifically as possible)? What is the project timeline and what progress, if any, has been accomplished thus far?* | | | | | | | | | | | |
| **d.** | **Describe how this project supports the objectives of the MCAFS as listed in the Chapter Bylaws.** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **e.** | **Describe how you have (or will) coordinated this work with all applicable local, state, or federal agency personnel, including the procurement of all necessary licenses and permits.** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **f.** | **Project Start and Completion** Dates | | |  | / |  | | |
| **g.** | **Does this project have the support of an appropriate MCAFS Committee?** | | | | | |  | | | Yes |  | No |
|  | If so, which Committee? | |  | | | | | | | | | |

1. **Project Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **a.** | Total Estimated Project Cost |  | |
| **b.** | RAF Grant Request |  | |
| **c.** | Total Actual and Requested Contributions from Other Sources | |  |
|  | ***Please provide a list of other organizations and partners that you have received money from or solicited for additional funds. Provide funding or grant request amounts and clearly state whether you have received the funds (firm funds) or whether your grant application/funding request is outstanding (pending funds).*** | | |

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTOR** | **Status** | **TOTAL** |
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|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

1. **Project Benefits (use additional space/pages as needed)**

|  |  |
| --- | --- |
| **a.** | **Do you expect this project to have direct or indirect benefits for a Montana fish Species of Special Concern (see http://mtnhp.org/SpeciesOfConcern)? If so, describe which species and how they would benefit.** |
|  |  |
| **b.** | **Do you expect this project to have direct or indirect benefits to any other native species not listed as a species of concern above? If so, describe which species, and how they would benefit.** |
|  |  |
| **c.** | **Describe the short and/or long term benefits of this project to the fisheries resource.** |
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