FORM 4 Revised 012021

BCHC   EDUCATIONAL PROJECT SUBMISSION FORM

EDUCATIONAL PROJECT **FOR UNIT-SPECIFIC FUNDS**

Name of Unit: _____

Project Number Assigned by BCHC Education Project

Committee):_____ Funding Year(s):_____

Project Name:_____

Project Submitted By:_____

Date:_____ Contact Phone Number: _____

Email:_____

Project Location: National Forest   BLM Resource Area   National Park

   State Park   Other (_____)

Project Goals and Objectives:

Project Description:

Types of Participants Involved   general public   clubs   agencies

   youth   adult   other:_____

Will the Project Involve the Use of Stock?: ____yes ____no

How Does the Proposed Project Meet the Educational Goals of BCHC?:

Please show the education outline of project:

Project Type: ____Clinic ____Seminar ____Field ____Display ____Workshop

____ Publication ____Other (_____)

Identify What the Project Will Accomplish:

Estimated Project Start Date: _____Completion Date:_____

Will the Project Involve Other Groups / Organizations? (identify):

 If Yes, How Will the Project Build Cooperative Relationships Between These Groups / Organizations and BCHC?:

How Is This Project in the Best Interest of the Public, Groups / Organizations, and BCHC?

Please describe the Benefits:

How Does this Project Benefit the Public Agencies and Public Lands?

Please describe the Benefits:

Anticipated Project Costs? (attach budget): $_____

(Supply Budget to show total project cost, all other sources of funding, and amount of grant monies requested)

Identify Other Sources of Funding (include in budget):

Amount of Grant Monies Requested?: $_____

Project Completion Report (due within 60 days of project and is required before future project funding will be considered):

Identify Who Will Complete the Report:

 Name:_____

Phone_____

Email_____

Unused Funding: Any grant funding remaining at the completion of the project will be returned to the BCHC Education Grant Fund by the end of the project year. These monies are to be identified in the Project Completion Report.

Applicant signature:_____date_____

Grant Committee Chairperson:_____ date_____