

FORM 1 rev 012021

BCHC EDUCATIONAL PROJECT SUBMISSION FORM

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 _____