

TBF CONSERVATION \ ACCESS PROJECT PROPOSAL



Project Name: _____

State Federation: _____ **Club or Individual Member (if applicable)** _____

Federation Project Coordinator:

Name: _____ **Address:** _____

Phone: _____ **E-mail:** _____

Project Category: Habitat Access ANS Fish Handling Other

If "Other" Please list: _____

Project Duration: 1-year 2-3 years 4+years

Estimated Project Start Date _____

Amount Of Funding Request: _____

Project Goals:

Cooperating Partners:

Budget (attach) (identify any matching funds, cost-share amounts and in-kind values)

Project Description (attach additional pages if necessary):

List any additional facts or justification for consideration of your request that you would like us to consider:

Submitted By:

As the State Federation President, I hereby give my endorsement and approval of this project submission.

State Federation Conservation Director

State Federation President

Signed _____

Signed _____

Print Name _____

Print Name _____

PROPOSED PROJECT SCORING SHEET

Project Title: _____

Score: _____

Submitted By: _____

Reviewers: _____

All scores are based on a rating of 1-10, with 10 being the highest.

Conservation Criteria

1. Potential for success and longevity of the project _____
2. Potential to benefit community, conservation, recreational public and fisheries nationally _____
3. Urgency (is there an immediate need) _____
4. Cooperating partners and written endorsements. (State or federal agencies, resources professionals, foundations or other conservation organization, etc.) _____
5. Potential for match funds _____
6. Benefits to and for fisheries conservation _____
7. Education / Outreach _____
8. Media / Exposure / Signage _____
9. In-Kind contributions _____
10. Equipment and Manpower needs and concerns _____

INITIAL SCORE (Add lines 1-10 above) _____

Sponsorship Applicability

Supports and relates to sponsor conservation initiatives _____

TOTAL SCORE _____

Comments: