

Check one box:

- Forestry Education School Forest Education Plan School Forest

FORESTRY & SCHOOL FOREST-GRANT PROGRAM COVER PAGE			
Administering Organization		Mailing Address (Street, City, State, Zip)	
Eligibility: Corporation (nonstock, nonprofit) or public agency (check appropriate box). <input type="checkbox"/> Public School District <input type="checkbox"/> "Friends" Group <input type="checkbox"/> Municipal Government <input type="checkbox"/> Service Club <input type="checkbox"/> CESA <input type="checkbox"/> Conservation organization <input type="checkbox"/> State Agency <input type="checkbox"/> Youth Organization <input type="checkbox"/> College/University <input type="checkbox"/> Nature Center/Museum/Zoo <input type="checkbox"/> Tribal Government <input type="checkbox"/> Labor Union <input type="checkbox"/> Cooperative Extension <input type="checkbox"/> Professional association <input type="checkbox"/> Lake district <input type="checkbox"/> Other (Specify) _____			
<i>Wisconsin</i> Nonprofit Corporation Number or LEA ID Number (Please do not use federal non-profit number or federal employer identification number). _____			
Project Director/Contact Person	Daytime telephone area code/number	Fax area code/number	Email
Mailing Address (if different from above) Street, City, State, Zip		If different addresses, send mail to: <input type="checkbox"/> Admin. Organization <input type="checkbox"/> Project Director	
Project Title			
Grant Request: \$ _____	Project Start Date: _____	What <i>EE 2010</i> goal does the project address? Select one . <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	
Matching Funds: \$ _____	Project End Date: _____		
Percent Match: _____ %			
WI Legislative Assembly District of Administering Organization _____		Assembly District(s) of Target Audience	Senate District(s) of Target Audience
WI Legislative Senate District of Administering Organization _____			
CERTIFICATION			
If this project is approved, the undersigned certifies that the organization will participate as indicated in the narrative and will provide the matching dollars by cash, services, or in-kind contributions between July 1, 2010 and December 31, 2011. None of these grant funds will be used to supplant existing funding.			
Project Director	Signature ➤	Title	Date signed
Primary Grant Writer	Signature ➤	Title	Date signed
Chief Executive Officer	Signature ➤	Title	Date signed
REQUIRED ABSTRACT Limit to space provided.			