

Section 1 – Organizational (A) or Personal Information (B)

A. Organizations	
Date:	
Legal Name of Organization:	
Federal Tax ID number:	
Mailing Address:	
City	
State Zip	
Contact Person:	
Title:	
Telephone:	email:
Year Founded:	
Organization's Primary Mission:	

	В.	Individuals Date:		
		Name(s):		
		Mailng Address:		
		City	State:	Z ip:
		Telephone:	email:	
	Ple	ase submit a current resume wl	hich details educa	tion background and employment history.
SECTION 2 – Program Information (Organizations and Individuals				
	WI	hat is the purpose of the pro	gram/research?	
	WI	hy is the project needed?		

How will this benefit ornithology or conservation?
References (if needed):
Have you or your organization conducted similar types of programs or research in the past? When? If so, please provide copies of relevant report summaries.
Describe your study design and study area:
Do you anticipate needed follow-up money in the future?
Total Project Budget:
Amount Requested from GOS:

Section 3: Budget Details

Income From

Complete the budget form for the requested project below or on a separate sheet:

<u>Amount</u>

Indiv	iduals		
Corp	Corporations Special Events Foundations Government		
Speci			
Foun			
Gove			
Total			
Expe	nses Amount		
Perso	onnel		
Supp	lies		
Trave	el		
Total			
l cert	ify that my public or private organization is (place an X next to each item)		
	1. Is a non-profit or an agency of the government		
	2. Has an accounting system or fiscal agent.		
	3. Has a 501c3 status letter.		
	4. If private, not for profit, has a voluntary board.		
I/We	agree to		
of th	Provide status reports to GOS as to how the funds are spent quarterly and at the ende e project.		
Appli	ication submitted by:		
Signa	iture:		