



Georgia Ornithological Society

Request Form GOS Conservation Grant

Section 1 ***Instructions***

GOS Conservation Grants are available only to **government agencies and non-profit organizations**. Applications must be submitted via **email**. The due date for all applications is **December 31st** each year. Funding preferences are for only those projects designed to benefit the conservation of bird species, primarily those residing in Georgia on an annual or seasonal basis or those that migrate through the state. Please note that GOS does not fund the grantee's salary; nor can funds be used to cover administrative or university overhead costs or any indirect costs (e.g., vehicle insurance or maintenance). Funds will be dispersed to successful grantees on February 15th of the year following application submission.

Only projects that pertain to actual implementation of bird conservation projects “on the ground” will be considered. Examples of projects that could be funded via this grant source include conducting prescribed burns, implementing exotic species control efforts, relocating or restocking rare species, installing habitat such as nest boxes for non-game species, creating canopy gaps in forests for the benefit of understory-nesting species, planting cover or preferred foods for non-game species, etc.

Submissions should be sent to Jim Ferrari at JFerrari@wesleyancollege.edu

Or via Postal Mail to:

Jim Ferrari
444 Ashley Pl
Macon, GA 31204

Section 2

Organizational (A) or Governmental Agency (B) Information

A. Organization

Legal Name _____

Federal Tax ID number _____

Year Founded _____

Address _____

Telephone _____

Website _____

Project Primary Contact Person:

Name _____

Title _____

Address _____

Telephone _____

Fax _____

Alternative Phone _____

Email _____

Fiscal Agent or CFO:

Name _____

Title _____

Address _____

Telephone _____

Fax _____

Alternative Phone _____

Email _____

Additional Organizational Information

Please provide each of the following on a separate page

1. The Organization's brief history and mission statement
2. Copy of the IRS 501(c)3 designation letter
3. Names and addresses of Board of Directors

B. Governmental Agency

Agency Name _____

Department/Division/Office _____

Address _____

Telephone _____

Website _____

Project Primary Contact Person:

Name _____

Title _____

Address _____

Telephone _____

Fax _____

Alternative Phone _____

Email _____

Supervisor:

Name _____

Title _____

Address _____

Telephone _____

Fax _____

Alternative Phone _____

Email _____

Section 3

Project Information

Please provide each of the following on a separate page

1. A detailed description of the project
2. A detailed timeline from implementation to completion
3. List of objectives and methodology
4. Criteria for evaluating the success of the project
5. Literature Citations
6. Resume of principals involved
7. List of names and addresses of any partners/co-sponsors
8. Additional References

Section 4

Budget Details

Total Project Budget \$_____

Amount Requested from GOS (minimum \$15,000) \$_____

Please provide each of the following on a separate page

1. A detailed budget for the project
2. A list of all other sources of funding - proposed or secured
3. Proposal for follow-up funding in the future (if applicable)

Section 5
Conditions of Acceptance

We agree to provide to GOS, at the end of the grant period (as specified in your timeline), a detailed report of the project's results and grant expenditures.

We agree to return any unused funds to GOS at the conclusion of the project.

We agree to present the results of the project at a GOS meeting and will publish the results (if appropriate) in *The Oriole*.

We understand that the award of a grant does not constitute any employment by or formal affiliation with GOS.

We will give proper credit for financial support by GOS in any publications or other media utilizing the results of this project.

Organization/Agency Name _____

Submitted by _____

Signature _____

Date submitted _____

If approved, please make check payable to: _____

Note: Check(s) will be mailed to Primary Contact's address unless otherwise instructed.