**FFSBC NATIVE TROUT STEWARDSHIP INITIATIVE (NTSI)**

**2024-25 APPLICATION FORM**

*(please ensure application is 10 or less pages in length)*

1. **Applicant Information**

Lead Organization:

Contact Name:

Address:

Email:

Telephone:

Website Address:

Date of Submission:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Project Information**

Project Title:

Project Location:

Nearest town:

Watershed/Stream/Lake (if applicable):

Target Native Trout Species Benefitted by Project:

Total Project Budget: $

Total NTSI Amount Requested: $

Total Matching Funds or In-Kind Support Secured: $

Anticipated Project Start Date:

Anticipated Project End Date:

1. **Project Components** *(select all that apply)*

☐ Population Assessment

Habitat Assessment

Riparian or In-Stream Habitat Protection or Restoration

Barrier Removal or Construction

Education/Outreach

Stewardship/Community Planning

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Anticipated Outcomes** (*fill in values applicable to project)*

|  |  |
| --- | --- |
| **Outcome** | **Quantity** |
| # Populations to be assessed? |  |
| # Stream km to be restored or enhanced? |  |
| # Watersheds or rivers to be assessed? |  |
| # Stream km to be reconnected? |  |
| # Stream km to be assessed? |  |
| # Lake/wetland km2 restored/enhanced? |  |
| # Barriers removed or constructed? |  |
| Other (i.e. number of individuals reached by an educational program, number of presentations given, number of posters produced, etc.): \_\_\_\_\_? |  |

1. **Project Partners** *(list all major Project Partners and Contributions)*

* Partner Organization:
* Contact Name:
* Position:
* Email: Telephone:
* Matching Funds Provided to Project: *list any cash contribution*
* In-Kind Support Provided to Project: *list support provided and estimated value*

* Partner Organization:
* Contact Name:
* Position:
* Email: Telephone:
* Matching Funds Provided to Project: *list any cash contribution*
* In-Kind Support Provided to Project: *list support provided and estimated value*
* Partner Organization:
* Contact Name:
* Position:
* Email: Telephone:
* Matching Funds Provided to Project: *list any cash contribution*
* In-Kind Support Provided to Project: *list support provided and estimated value*

1. **Project Description**
2. **Trout Species** - *Proposed projects must benefit at least one native trout/char species. Coastal Cutthroat Trout is the priority species for this intake but other eligible target species can include: Bull Trout, Rainbow Trout, Westslope Cutthroat Trout, Arctic Grayling, Dolly Varden, Kokanee, or Lake Trout. Please also include any other fish species the project may benefit.*
3. **Project Objective(s)** *– Ensure project objectives are realistic, measurable, and achievable.*
4. **Project Methods** *– Outline methodologies to be applied.* ensure all methodologies for fish, habitat and water sampling, monitoring and restoration activities are sound and impose minimal negative impacts on the ecosystem.
5. **Permits and Permissions** - *Identify permits and permissions required to deliver the project (e.g. land access, fish sampling, habitat-related activities).*
6. **Anticipated Results** *- Identify outcomes that benefit western native trout. Include how the success of the project will be evaluated. The NTSI will fund specific projects and programs that achieve measurable conservation*.
7. **Project Volunteerism** – *Your project requires significant volunteer participation with demonstrated engagement of local volunteer stewards. Describe volunteer involvement with the project in terms of planning, fundraising, oversight, undertaking the work, and reporting.*
8. **Outreach and Education** – *Provide detail if the project has an outreach/education component, has potential to foster/generate a community conservation ethic, and/or if the project increases public awareness of a native trout species, its threats and its habitat. List any letters of support included in this proposal.*
9. **Collaboration and Leveraged Resources *-*** *Projects that have secured matching funds or in-kind support from partners and/or involve diverse stakeholders are highly valued and encouraged.*
10. **Acknowledgement *–*** *FFSBC respectfully requests acknowledgement of FFSBC funding/support on any signage, outreach materials, social media, and/or reports written for all projects we fund. We will provide our logo.*
11. **Project Budget Details**
12. FFSBC Funds Requested $:
13. Total Matching Contributions (cash and in-kind) $:
14. Total Project Cost $:

|  |  |  |
| --- | --- | --- |
| **Description of Service or Activity\*** | **Match Dollars (including in-kind)** | **NTSI Grant Dollars requested** |
|  |  |  |
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|  |  |  |
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|  |  |  |
|  |  |  |
| **Budget Totals** |  |  |

*\***Describe in detail how funding will be spent. For in-kind contributions, please describe the types of volunteer activities and estimated time allocated, as well as the materials, equipment and other types of donations.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant**

I certify that the above information is true and accurate to the best of my knowledge.

Print Individual Name:

Organization Name:

Signature:

Date: