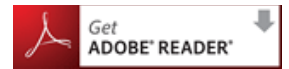




MCLEOD LAKE MACKENZIE COMMUNITY FOREST
PROJECT FUNDING APPLICATION
TENURE ENHANCEMENT STREAM

Please ensure you use Adobe Reader when completing this form. Click for free download:



Project name:	Date submitted (dd mmm yyyy):
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Proponent name (legal name of individual or organization):	Non-profit society registration no. (if applicable):
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Description of proponent, including qualifications and experience relevant to the project:

Mailing address:	Website:
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Proponent contact name(s):	Phone:	Email:
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Project location:

The project is located within, or directly applies to, one or more of the five Community Forest tenure units.
The project is located in relevant proximity to one or more of the five Community Forest tenure units.

Please describe the project location:

★ Please refer to the MLMCF funding policy and tenure area map for eligible project areas.

Project description (what is it, what will be done, who will do the work, why is it necessary or worthwhile?):

✦ Complete the above, or provide a summary here and attach a more detailed description separately to this application.

Relevance to the Community Forest:

Does the project contribute to the health and productivity of the land and ecosystems within the Community Forest Tenure area itself?

Does the project support forestry and natural resource related research, education, and training?

Does the project raise public awareness, understanding and productive use of the Community Forest?

Does the project enhance forest-based recreation and tourism?

Does the project support multiple uses of the Community Forest tenure area?

If so, how? If you answered yes to any of the above, please provide an explanation for each.

Project outcomes:

Please list one or more project objectives that are specific, measurable, attainable, relevant, and time-bound.

Describe the project deliverables (*i.e. what will actually be produced or submitted to the MLMCF upon project completion*).

How will you measure project success? (*How will you know if you've achieved your objectives?*)

Does the project have support from affected or interested community organizations and/or government agencies? (*list all - letters of support or other should also be attached*)

Will the project outcomes be considered assets to the communities? If so, how?

Project timeline:	Start date: (dd mm yyyy)	End date: (dd mm yyyy)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

Project readiness:

Describe how the project is or will be ready to be carried out in the described timeline considering required permits, materials, volunteers, seasonal constraints etc.

In consideration of the above, are there any critical components that if not secured or otherwise achieved would prevent the project from proceeding on schedule?

Project budget (expense items):	Supplier name, if known (check box if supplier is local):	Quotes attached (if applicable):	Amount (\$):
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL PROJECT BUDGET			\$

- ✦ Complete the table above, however if you wish to provide a more detailed project budget, please attach separately to this application.
- ✦ Identifying suppliers and providing quotes in your proposal is encouraged, but optional. Supporting local suppliers in the communities of Mackenzie and the McLeod Lake Indian Band is encouraged.
- ✦ Please refer to the funding policy for eligible and ineligible costs. The MLMCF Funding Policy is available from the General Manager or the Administrator as well as online at www.mlmc.ca

Project partners and funding sources:
Are there other contributors to this project? <i>(partnerships, funds raised elsewhere, in-kind contributions)</i> . If so, describe how MLMCF funds will be allocated and leveraged.
Is the project viable without contributions from sources other than the MLMCF funding? <i>(i.e., will the project still be able to proceed if unconfirmed partnership funding is not available?)</i>

MLMCF funding request and payment schedule (identify the total funding you are requesting and suggested payment dates):		
Project milestone	Payment date (dd mm yyyy)	Requested amount (\$)
1) Initial advance payment (if needed to initiate project) <u>Identify purpose of the advance:</u>		\$
2) First progress milestone payment <u>Identify associated milestone/deliverable:</u>		\$
3) Second progress milestone payment <u>Identify associated milestone/deliverable:</u>		\$
4) Final payment (minimum 20% of total MLMCF request)		\$
TOTAL FUNDING REQUESTED FROM MCLEOD LAKE MACKENZIE COMMUNITY FOREST:		\$

Other partnership funding:			
Source	Current Status	Date approval expected (dd mmm yyyy)	Amount (\$)
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL OTHER FUNDING SOURCES:			\$
TOTAL FUNDING REQUESTED FROM MCLEOD LAKE MACKENZIE COMMUNITY FOREST:			\$
TOTAL PROJECT FUNDING:			\$

Past funding recipients:
<p>For efficiency in processing applications, please indicate:</p> <p>I/we have previously applied for project funding from MLMCF.</p> <p>I/we have previously received funding from MLMCF for this project (e.g., continuing projects).</p> <p>I/we have previously received funding from MLMCF for other (unrelated) projects.</p>

To ensure the completeness of your application, please list all of the attachments you are including, if applicable.
1) Society incorporation documents:
2) Detailed project description:
3) Detailed project budget:
4) Detailed quotes:
5) Funding approval letters:
6) Letters of support:
7) Other:
8) Other:

McLeod Lake Mackenzie Community Forest may request certain information to better evaluate this application.

I have read and understand the MLMCF’s Funding Policy.

I confirm that the information in this application is accurate and complete, and that the project proposal, including plans and budgets, is fairly presented.

I agree that once funding is approved, any change to the project proposal will require prior approval of McLeod Lake Mackenzie Community Forest (MLMCF).

I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act.

I agree to publicly acknowledge funding and assistance by the MLMCF.

I authorize the MLMCF to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as the MLMCF deems necessary for decision, administration, and monitoring purposes for this project.

I agree that information provided in this application may be shared with the appropriate Directors, MLMCF staff, and consultants.

Name (organization signing authority):	Position/title:	Date (dd mm yyyy)

Submitting your application:

Completed funding applications (with all attachments) must be received by McLeod Lake Mackenzie Community Forest **no later than 4:00 pm on March 31**

Applications can be emailed to: generalmanager@mlmcf.ca and/or admin@mlmcf.ca

Or mailed to: MCLEOD LAKE MACKENZIE COMMUNITY FOREST, PO BOX 579, MACKENZIE BC, V0J 2C0

Or delivered to: Dan Boulianne at Suite 127B in the Commercial Wing of the Mackenzie Mall. You can drop it in the mail slot if the office is closed.