

SCI LIFE HUNTER ADVOCATE SOCIETY PROGRAM GRANT REQUEST APPLICATION

This application must be completed in full. Incomplete applications will not be considered.

ORGANIZATION SUBMITTING:					
PROGRAM/PROJECT TITLE:					
TOTAL AMOUNT REQUESTED: \$					
DATE SUBMITTED:					
Parameters For Project:					
Attach the following: 1. Detailed Project Description 2. Cost Benefit Analysis 3. Return on Investment Analysis 4. Explanation of expected/intended results					
5. Explanation of how project performance will be tracked and documented Have we funded this project before? If yes, please list year and amount awarded, and attached final project reports for any previously awarded grants.					
Year: Amount:					

□ New Project□ Existing Project					
Is funding for equipment? Is funding for personnel?	☐ Yes☐ Yes				
Contact Name and Title: _					
• Will you present to th	ne LHAS Go	verning Body?			
If not, contact who will represent the request?					
	similar advo	litigation, marketing, legislative and cacy actions intended to protect the ing heritage:			
Registered Organization Na		:			
Phone:	Ema	ail:			
Web Site:					
EIN:	IRS Se	ection:			
Application Information: 1. PROJECT BUDGET (At	tach details,	costs, quotes, etc. as applicable):			
2. Date Funding is Rec	QUIRED:				

3.	PROGRAM/PROJECT DESCRIPTION AND TIME FRAME:
4.	LIST OTHER FUNDING SOURCES OF THIS PROJECT:
5.	How Will The LHAS BE RECOGNIZED FOR SUPPORT?
6.	DOES THE GRANT REQUESTOR SUPPORT SCI/SCI FOUNDATION AND THEIR MISSIONS AND POLICIES?
	ground information for external grant applicants only ORGANIZATION MISSION STATEMENT:
8.	BRIEF ORGANIZATION SUMMARY:
9.	<u>Current Financial Information</u> : (Include tax-exempt letter and IRS Form 990 from most current fiscal year)

10. CURRENT OPERATING BUDGET SUMMARY/YEAR TO DATE FINANCIAL STATEMENT:

Please return form with attachments to:

Michael Roqueni LHAS 4800 W. Gates Pass Road Tucson, AZ 85745-9490

Electronic Submissions to: Please contact Michael Roqueni, MRoqueni@safariclub.org, at (520) 620-1220 with any questions.

TO BE COMPLETED B	VLHAS	COVERNING I	RODV.
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□ Date Approved:	_
□ Date Rejected:	Reason:
SCI Budget Year for Funding:	
Follow-up Requirements:	