



AMERICAN ASSOCIATION OF ZOO KEEPERS
Trees for You and Me
Restoration Grant Application



FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE ALL 3 PAGES OF THE APPLICATION

All Applicants **must** submit with this completed application:
curriculum vitae (3 pages maximum); 2 letters of recommendation (with at least 1 from the Executive Director of your facility/affiliated organization)

SUBMIT COMPLETED APPLICATION AND SUPPLEMENTAL DOCUMENTATION TO:

Electronic (preferred)
 AAZK Grants Committee
GRANTS@AAZK.org
 ATTN: TFYM Grant

With a copy to:
 Ed Hansen
 CEO/CFO
Ed.Hansen@AAZK.org
 ATTN: TFYM Grant

OR Mail
 Ed Hansen
 ATTN: TFYM Grant
 8476 E. Speedway Blvd., Ste. 204
 Tucson, AZ 85710-1728

PRINCIPAL APPLICANT INFORMATION

| | | | |
|---|----|------------------------------|--|
| FACILITY OR ORGANIZATION NAME | | | |
| PRINCIPAL APPLICANT NAME | | | |
| POSITION TITLE | | | |
| U.S. PHYSICAL ADDRESS FOR DISTRIBUTION OF FUNDS | | | |
| EMAIL ADDRESS | | | |
| TELEPHONE | | | |
| AAZK MEMBER | | IF YES, AAZK MEMBER CATEGORY | |
| YES | NO | | |

ADDITIONAL INVESTIGATORS

| NAME | TITLE | INSTITUTION | EMAIL |
|------|-------|-------------|-------|
| | | | |
| | | | |
| | | | |

TO BE COMPLETED BY FACILITY/AFFILIATE ORGANIZATION DIRECTOR

I endorse the project described herein to be conducted at, or in conjunction with, the organization listed above.

FACILITY DIRECTOR'S SIGNATURE

DATE



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APPLICANT PROJECT

TITLE OF GRANT PROPOSAL:

PROJECT DATES:
FROM _____ TO _____

| | |
|------------------|-------------------------------|
| AMOUNT REQUESTED | I WILL ACCEPT PARTIAL FUNDING |
| | YES NO |

Briefly define the objectives of the grant proposal.

[Empty space for defining objectives]

Summarize your project's sustainability goals and potential.

[Empty space for summarizing sustainability goals]



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| APPLICANT PROJECT (CONT.) | |
|---|------|
| Detail how grant funding will be applied to the proposal. | |
| | |
| Describe how the grant award will be published and shared outside of your organization. | |
| | |
| Describe project alterations in the case of partial funding. | |
| | |
| <p><i>I have read the TFYM Grant Submission Guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK TFYM Grant.</i></p> | |
| PRINCIPAL INVESTIGATOR SIGNATURE | DATE |

Revised 1/2021