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| C:\Users\joe\Desktop\AAZK color LOGO  stamps.gif**AMERICAN ASSOCATION OF ZOO KEEPERS****Trees for You and Me** Restoration GrantSeptember 2017 |

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| FOLLOW INSTRUCTIONS CAREFULLY – COMPLETE BOTH PAGES OF THE APPLICATIONPlease Reference the Submission Guidelines and Instructions |
| **Principle Project Manager** |
| Name:Attach Resume |  |
| Position Title: |  |
| Site of Project |  |
| Facility Address: |  |
| E-Mail: |  |
| Telephone: |  |
| Tax Identification Number: |  |
| **Restoration Project** |
| Title of Proposal: |  |
| Project Dates:  | From: | To: |
| Amount Requested: | $ |
| **To Be Completed By TFYM committee member** |
| I endorse the study described herein to be conducted at the project listed above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TFYM committee member Signature Date |
| **For Office Use Only – Do not Write Below This Line** |
| Date Received: |  |
| Reviewers: |  |
| Disposition and Date |  |

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| **Abstract of Project Plan** |
| *This abstract should be self-contained so that it can serve as a succinct and accurate description of the proposal when considered independent from the Application* – **Do Not Exceed the Space Provided:**Introduction:Scope and ProposalProposed BudgetAttach Three (3) Letters of Reference/Support |
| **Additional Project Managers****Name/Title/Institution/Email** |
|  |
| **To be Completed by the Applicant as the Principle Contact** |
| *I have read the TFYM Grant guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK TFYM Grant*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_Principle Project Manager Signature Date |

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