



# Grant Application

Please complete this grant application and program plan and return to:

Dept. of Fish & Wildlife  
 ATTN: Katie Haymes  
 #1 Sportsman's Lane  
 Frankfort, KY 40601  
 or Fax: 502-564-9845

**Application Date** \_\_\_\_\_

<p><b><u>Organization Information</u></b></p> <p><b>Host Organization</b> _____</p> <p><b>Name (Applicant)</b> _____</p> <p><b>Address</b> _____        _____</p> <p><b>Phone</b> _____</p> <p><b>E-mail</b> _____</p> <p><b>Grant Requested</b></p> <p><input type="checkbox"/> <b>Equipment Grant (up to \$800)</b>        50% of actual cost of equipment kit up to \$800.</p> <p><input type="checkbox"/> <b>Next-Step Grant (\$100)</b>        To help supplement your Explore Bowhunting program additional expenses</p> <p><input type="checkbox"/> <b>3D Target Grant</b>        KY Fish &amp; Wildlife Foundation will offer 3D targets to after school clubs and programs</p> <p><input type="checkbox"/> <b>Loaner Kit Grant</b>        KDFWR will loan equipment kit to Host, to be returned when grant requirements are fulfilled  <i><b>Equipment Agreement signed at pick-up</b></i></p> <p><b>Your Explore Bowhunting Club or Program Dates</b></p> <p><b>Start Date</b> _____</p> <p><b>End Date</b> _____</p>	<p>**In order for funds to be sent to those applicants approved, the organizations tax-exempt number or the Social Security Number for the designated individual seeking reimbursement must be provided (not necessary for 3D Target Grant).**</p> <p>Tax Exempt (FEID )# _____        Or        Name _____        SSN _____</p> <p>I agree to Abide by the Terms and Conditions set forth in the "Kentucky Explore Bowhunting Grants Program" document.</p> <p><b>Application Date</b> _____</p> <p><b>Applicant Signature</b> _____</p> <hr style="border: 1px solid red;"/> <p style="text-align: center; color: red;"><b>KDFWR Use Only Below this Point</b></p> <hr/> <p><b>Date of Approval (KDFWR)</b> _____</p> <p><b>Grant Period End Date</b> _____        (30 days after program end date)</p> <p><b>KDFWR Signature</b> _____        (Explore Bowhunting Coordinator)</p> <hr/> <p><b>Grant Payment Issued on</b> _____</p> <p><b>Target ordered on:</b> _____        By: _____  <b>KDFWR Signature</b> _____</p>
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## Program Plan

Please complete this program plan and return it with the grant application to:

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 Frankfort, KY 40601  
 or Fax: 502-564-9845

Host Organization \_\_\_\_\_ Application Date \_\_\_\_\_

Instructor Name \_\_\_\_\_

What do you call your program/club? (i.e. Explore Bowhunting, Outdoors/ Archery Club) \_\_\_\_\_

Why did you decide to host Explore Bowhunting for your school or organization?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Will your program be hosted on-site? (at the Host organization's facilities)

Yes  No      If "No" where will it be held? \_\_\_\_\_

How will you be hosting your Program? (check all that apply below)		
What Setting?	What Day(s)?	For how long?
<input type="checkbox"/> After School <input type="checkbox"/> In School <input type="checkbox"/> Weekend(s) <input type="checkbox"/> Weekdays <input type="checkbox"/> Camp Other _____	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 5 weeks Other _____

**List All Activity Numbers you plan to use to successfully host your Explore Bowhunting Program.**

Please list activities in the order you plan to teach them if known. You may simply designate "All" if you plan to teach every lesson in the Explore Bowhunting Curriculum Guide (teacher's manual).

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____