



COAST FUNDS
PROJECT FUNDING APPLICATION
CONSERVATION

Please ensure you use Adobe Reader when completing this form:



Please complete this form if you are seeking funding for a specific conservation project. Alternatively, if you are seeking funding for an integrated resource stewardship office or guardian watchman program, please use the Annual Funding Application form.

Once all fields in this funding application are completed, please submit this document by email to Coast Funds at projects@coastfunds.ca. If you have any questions regarding the application process, we can be reached at 604-684-0223.

Project Name		Date Submitted (dd mmm yyyy)	

Applicant Organization (Legal Name)		Participating First Nation Allocation	

Project Start Date (dd mmm yyyy)		Project End Date (dd mmm yyyy)	
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Executive Summary

Please provide a brief summary of the proposed project and the work that will be performed.

COAST FUNDS

Suite 750-475 West Georgia Street, Vancouver, BC, V6B 4M9

Key Project Objectives

Please identify at least three objectives that are specific, measurable, attainable, relevant and time-bound.

- 1.
- 2.
- 3.
- 4.
- 5.

Conservation and Scientific Research Projects

Does the project work plan include scientific research? (e.g. collection of sample data for water chemistry, isotope, genetic analysis, etc.)

Yes

No

Please describe any research proposed within this project. Note any anticipated results that will inform the Nation's decision making.

Please note the species that are a focus of any planned research under this project.

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Conservancies, Parks, and Protected Areas

Please identify the conservancies, parks, and protected areas to be included in project work and note the type of work to be performed

- | Protected Area Name | Type of Work | Description |
|---------------------|--------------|-------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Science, Research, and Conservation Partnerships

Please list your organization's key partners including universities, non-governmental organizations, and other First Nations.

Partner Organization	Type	Expected Outcomes From This Project
1.		
2.		
3.		
4.		
5.		
6.		

Habitat and Ecological Restoration Projects

Does your project work plan include habitat or ecological restoration or enhancement work? (e.g. silviculture, stream restoration)

Yes

No

If yes, approximate area of project site(s) (in hectares):

Please describe the specific project site(s) and scope of work focusing on the recovery of degraded or damaged ecosystems.

Please note the species that will specifically benefit from the habitat or ecological restoration work proposed by this project.

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Ecosystem-based Management Conservation Capacity Building

Please describe any training or workforce development that is planned under this project to build capacity for conservation initiatives.

Funding Request and Payment Schedule		
<i>Please identify the total funding you are requesting from Coast Opportunity Funds and the dates you would prefer payments.</i>		
Requested Payment Date (dd mmm yyyy)	Associated Project Milestone	Requested Amount
1.	Initial Advance Payment	\$
2.	Progress Payment	\$
Total Funding Requested from Coast Funds:		\$

Other Project Funding			
Funding Source	Type	Current Status	Amount
			\$
			\$
			\$
			\$
			\$
			\$
Total Other Funding Sources:			\$
Funding Requested from Coast Funds:			\$
Total Project Funding:			\$

Traditional Knowledge
<i>Please check and describe each of the following areas of traditional knowledge that directly relate to this project.</i>
<div> <div>Language</div> <div>Access to traditional foods</div> <div>Engaging elders to transfer knowledge to youth</div> <div>Traditional stewardship practices</div> <div>Protection and restoration of cultural assets (e.g. CMTs, historic village sites, petroglyphs)</div> <div>Expression of art or history</div> </div>

Current Employment				
<i>Please provide the current employment for your organization.</i>				
Job types	Total number of existing jobs	Of total existing jobs, # held by First Nations	Hours of employment per week (average)	Total months worked per year
Direct permanent full-time jobs:			35+ hours/week	12 months/year
Direct permanent part-time jobs:			hours/week	12 months/year
Direct seasonal jobs:			hours/week	months/year
Current Full-Time Equivalent (FTE) Employment:				

New Employment (Job Creation)				
<i>Please provide an estimate of the new employment this project is anticipated to create.</i>				
Job types	Total number of new jobs	Of total new jobs, # held by First Nations	Hours of employment per week (average)	Total months worked per year
Direct permanent full-time jobs:			35+ hours/week	12 months/year
Direct permanent part-time jobs:			hours/week	12 months/year
Direct seasonal jobs:			hours/week	months/year
Direct temporary jobs (e.g. contract or consulting):			hours/week	months
<i>Please list the job titles/roles for the new employment positions that will be created:</i>				
Proposed Permanent New Full-Time Equivalent (FTE) Employment:				

Project Work Plan and Budget

Activity	Responsibility	Budget	Budget Category	Start Date	End Date
<i>List all key activities in the work plan for the project.</i>	<i>Identify the person, partner or supplier responsible for each activity.</i>	<i>Note the planned cost for each activity.</i>	<i>Select the expense type for each activity.</i>	<i>Note the planned activity start date. (dd-mmm-yyyy)</i>	<i>Note the planned activity end date. (dd-mmm-yyyy)</i>
1.		\$			
2.		\$			
3.		\$			
4.		\$			
5.		\$			
6.		\$			
7.		\$			
8.		\$			
9.		\$			
10.		\$			
11.		\$			
12.		\$			

Project Work Plan and Budget

Activity	Responsibility	Budget	Budget Category	Start Date	End Date
<i>List all key activities in the work plan for the project.</i>	<i>Identify the person, partner or supplier responsible for each activity.</i>	<i>Note the planned cost for each activity.</i>	<i>Select the expense type for each activity.</i>	<i>Note the planned activity start date. (dd-mmm-yyyy)</i>	<i>Note the planned activity end date. (dd-mmm-yyyy)</i>
13.		\$			
14.		\$			
15.		\$			
16.		\$			
17.		\$			
18.		\$			
19.		\$			
20.		\$			
TOTAL PROJECT BUDGET:		\$			

Please note that political activities are not eligible for funding.

Primary Contact Information for the Work Plan			
Name		Title	
Email		Work Phone	Work Extension
			Cell Phone
Mailing Address		City	Province
			Postal Code

Attachments

Please attach the following documents as part of your complete funding application:

Project Plan *(if available)*

A plan for the proposed project that provides an implementation plan.

Cost Estimates *(if available)*

Quotes from preferred suppliers (equipment vendors, consultants, etc.) that confirm the total project budget.

Current Financial Statements

Financial statements (balance sheet, income statement, cash flow statement) for the most recent year (audited if available).

Council Resolution

A signed resolution from the appropriate council of a Participating First Nation. Please include the following:

- Date of the application
- Date the resolution was passed
- Amount requested
- List of the councillors passing the resolution
- Organization that is authorized to receive project payments

A Board resolution is only required if the work plan will be directed by a separate Board than the Nation's Council.

Board Resolution

A signed resolution from the Board of Directors of the organization applying for funds. Please include the following:

- Date of the application
- Date the resolution was passed
- Amount requested
- List of the directors passing the resolution

Authorization

I (we) certify that the information in this application and associated attachments reflect an accurate description and estimate of the costs, job creation, and financial projections for the proposed project.

I (we) agree that information provided in this application may be shared with Coast Opportunity Funds staff, Board and consultants.

I (we) authorize Coast Opportunity Funds to make enquiries of such persons or organizations operating in the project's field of activities as Coast Opportunity Funds deems necessary to reach a decision on this application.

I (we) understand that the application may not be approved, and agree to follow Coast Funds' procedures for discussing the Board's funding decisions.

I (we) have read and understood Coast Funds' policy on dealing with harassment of staff by clients, and will adhere to the policy ([view policy online](#)).

By entering my name here electronically, I authorize all of the above for this application:

Name of an Organizational Signing Authority

Title

Date (dd mmm yyyy)