

Ontario Ministry of Natural Resources

# Community Fisheries and Wildlife Involvement Program (CFWIP)

## Application Form

Project Title \_\_\_\_\_

Year \_\_\_\_\_ Type of Project: \_\_\_ Wildlife \_\_\_ Fisheries

**Objectives** (*What will the project accomplish?*)

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**Description** (*How the work is to be carried out?*)

Is this fish habitat rehabilitation? Yes \_\_\_ If yes, explain if this will involve, a) motorized equipment in the water, b) placement of material or altering the bottom of the waterbody (e.g. rocks, logs, lunkers).

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**Complete Schedule A - Sketch of the Project**

Is this a \_\_\_ new project \_\_\_ multi-year project

**Location** (*Complete Schedule B - Project Location Sketch*)

Lot \_\_\_ Concession \_\_\_\_\_ Geographic Township \_\_\_\_\_

Municipality \_\_\_\_\_ (County or Region)

Land Ownership:

Private \_\_\_\_ Crown \_\_\_\_ Conservation Authority \_\_\_\_ Municipal \_\_\_\_

Name of the Landowner \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**CFWIP Funds Requested: \$** \_\_\_\_\_

**List Materials, Supplies etc. that CFWIP Funds will be used to purchase:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Start Date:** \_\_\_\_\_ **Project End Date:**

**Number of volunteers to be involved in project** \_\_\_\_\_

**Partners**

Name of partner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of partner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Contributions**

cash \_\_\_\_\_

donated materials  
equipment (list below)

\_\_\_\_\_  
\_\_\_\_\_

cash \_\_\_\_\_

donated materials  
equipment (list below)

\_\_\_\_\_  
\_\_\_\_\_

*attach list of additional partners if necessary*

**Lead Project Partner and Contact**

Name Partner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax/E-mail: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

**I am aware that when funding is approved, there will be an agreement signed by both the lead partner and MNR that identifies the expectations and conditions, including the need for a final report on what was done.**

Signature of Contact: \_\_\_\_\_

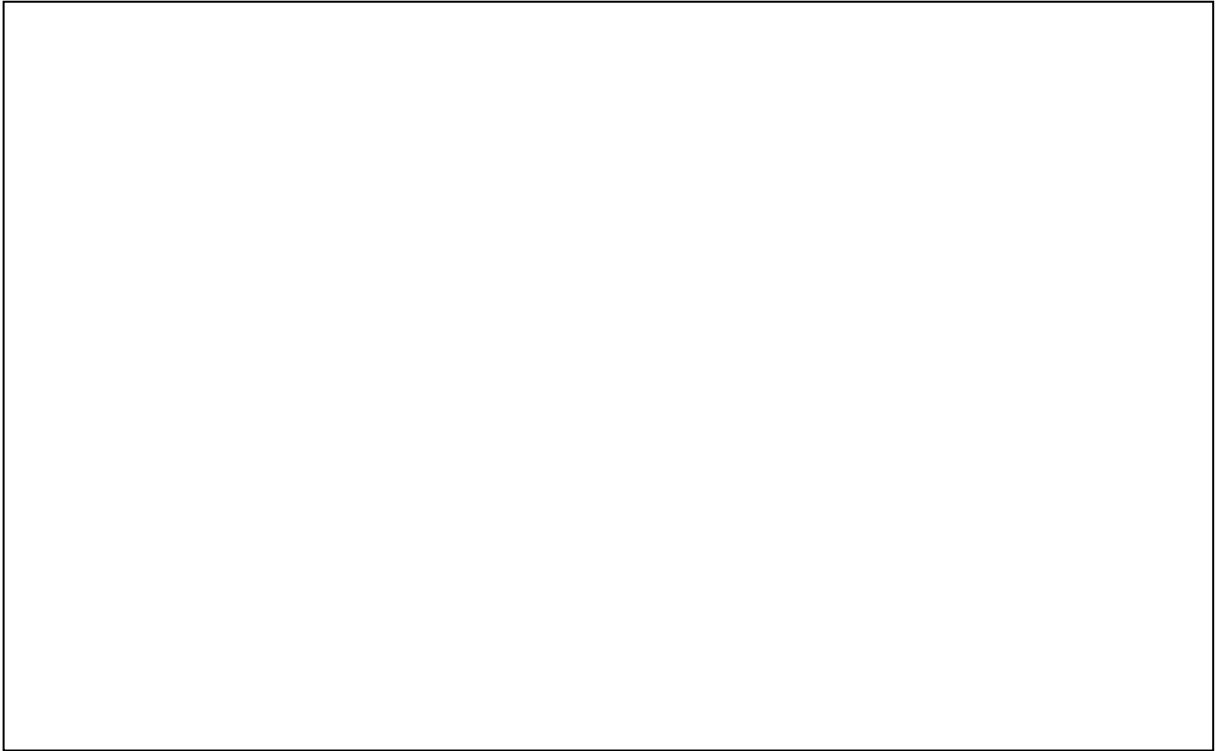
Date: \_\_\_\_\_

**This project is being submitted to:** (enter name of MNR District and, if available, MNR staff contact person)

\_\_\_\_\_

\_\_\_\_\_

**Schedule A- Sketch of the Project**



**Schedule B- Project Location Sketch**

