# WEEB GRANT PROGRAM COVER PAGE

Administering Organization Mailing Address (Street, City, State, Zip)

Project Director/Contact Person Daytime telephone area code/number Fax area code/number Email

Mailing Address *(if different from above)* Street, City, State, Zip If different addresses, send mail to:

Admin. Organization Project Director

Project Title

Grant Request: $

Project Start Date:

Matching Funds: $ Project End Date:

Percent Match: %

Number People Served

(25% minimum)

WI Legislative Assembly District of Administering Organization

WI Legislative Senate District of Administering Organization

Assembly District(s) of Target Audience

Senate District(s) of Target Audience

# REQUIRED ABSTRACT

**Limit to space provided below.**

**CERTIFICATION**

If this project is approved, the undersigned certifies that the organization will participate as indicated in the narrative and will provide the matching dollars by cash, services, or in-kind contributions between June 1, 2016 and December 31, 2016. **None of these grant funds will be used to supplant existing funding.**

Project Director Signature



Title Date signed

Primary Grant Writer Signature



Title Date signed

Superintendent WILL BE REQUIRED IF YOUR PROPOSAL IS SELECTED FOR

FUNDING

Date signed

WEEB (Revised 2/16)

**PAGE 2 WEEB 1**

|  |  |  |
| --- | --- | --- |
|  | **PARTNER VERIFICATION FORM*****Electronic versions available on website*** |  |

Each of the undersigned certifies that they will participate in this project, that the specified obligations and responsibilities in this project will be met, and that the project will be administered by the public agency or corporation designated.

# ADMINISTERING ORGANIZATION

|  |  |
| --- | --- |
| Organization’s Name | Project Director’s Name |
| Project Title | Telephone Area/No |

**WI DNR FORESTER (NOT REQUIRED FOR ALL PROJECTS)**

Submitting in the school forest category and the **proposal includesany type of forest management activities** (e.g., removing invasive species, harvesting and/or planting, updating a management plan), the local DNR forester must sign the consortium verification page even if s/he will not be directly involved in the project

|  |  |
| --- | --- |
| Organization’s Name | Telephone Area/No. |
| Address *(Street, City, State, Zip)* | Supplying 1/3 or More of the Total Match?(If yes, then ***CEO*** must sign.)* Yes  No
 |
| Name and Title | Signature | Date Signed |

# PARTICIPATING ORGANIZATION(S)

|  |  |
| --- | --- |
| Organization’s Name | Telephone Area/No. |
| Address *(Street, City, State, Zip)* | Supplying 1/3 or More of the Total Match?(If yes, then ***CEO*** must sign.)* Yes  No
 |
| Name and Title | Signature | Date Signed |
| Organization’s Name | Telephone Area/No. |
| Address *(Street, City, State, Zip)* | Supplying 1/3 or More of the Total Match?(If yes, then ***CEO*** must sign.)* Yes  No
 |
| Name and Title | Signature | Date Signed |
| Organization’s Name | Telephone Area/No. |
| Address *(Street, City, State, Zip)* | Supplying 1/3 or More of the Total Match?(If yes, then ***CEO*** must sign.)* Yes  No
 |
| Name and Title | Signature | Date Signed |

Use a duplicate of this form if there are more than four participating organizations. WEEB (Rev.8/15)

[Insert Narrative Here]

A. Project Title and Administering Organization Name

B. Project Description and Timeline

C. Target Audience/Need(s)/Justification of Need(s)

D. Dissemination

E. Project Evaluation

F. Staff Qualifications

G. Continuation

Wisconsin Environmental Education Board

WEEB 2 (Rev. 9/07) **Use reverse or additional sheet, if necessary.**

|  |  |  |
| --- | --- | --- |
|  | **BUDGET SUMMARY** |  |
| Administering Organization | Project Director | Telephone Area/No. |
| Budget Category Expense | **Project Activity** | **Grant Request**Round each item to whole dollars | **Match**Round each item to whole dollars | **Match Type** (i.e., monetary, service, or supplies) &**Source of Match** |
| **Salary/Honoraria**(Name or Position) (Rate & time period) | Activity |  |  |  |
| **Fringe Benefits**(Name or Position) (Rate & Percentage of salary) | Activity |  |  |  |
| **Travel (mileage, lodging, meals)**(Name or no. of people) (Rate & distance, charge) | Activity |  |  |  |
| **Materials/Supplies**(Be specific. Identify & quantify items.)**Non-Capital Items:****Capital Items:** | Activity |  |  |  |
| **Other** | Activity |  |  |  |
| **TOTAL** |  | **Total Request****$ .00** | **Total Match****$ .00** |  |