

Project # _____

OUTREACH FUND PROJECT PROPOSAL

Office Use Only

Date Check Needed

State/Province: _____
Abbreviation State Number

Invoice Number: _____

Amount of Request: \$ _____

NWTF-AR: _____
Office Use Only

Check Payable To (must be NWTF Chapter): _____

Check To Be Mailed To: _____
Address: _____
City: _____ State/Prov.: _____ Zip/Postal Code: _____

Daytime Phone: () _____ () _____ E-mail: _____

County Involved: _____
County Name Code

Five Star Project	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Chapter Involved: _____
Chapter Name Chapter I. D. Number

CHECK THE APPROPRIATE BOX:

JAKES

Women In The Outdoors

Wheelin' Sportsmen

- 1001 JAKES Event/Hunt – State or Local
- 1003 National JAKES Event
- 1004 JAKES Support Materials
- 1005 JAKES Equipment

- 2001 WITO Event – State or Local
- 2003 National WITO Event
- 2004 WITO Support Materials
- 2005 Equipment

- 3001 WS Event – State or Local
- 3003 National WS Event
- 3004 WS Support Materials
- 3005 Equipment

Volunteer/Professional Education

Travel Expenses

- 4001 Vol. Leadership Conference
- 4008 NWTF Convention Registration
- 4009 Conference Registration
- 4011 Educational Material
- 4015 Educational Booth

- 5001 Volunteer Travel (National Convention, National Leadership Meetings, etc.)

Other

- 5105 Other Description

Number Items Purchased: _____ Event Date: _____

Brief Description of Project:

Project Originator: _____
Daytime Phone: () _____
E-mail: _____

Project Location	
Landowner Name:	
<input type="checkbox"/> 01	State Wildlife Agency
<input type="checkbox"/> 02	State Forestry Agency
<input type="checkbox"/> 03	State Water Management Dist.
<input type="checkbox"/> 04	State Park Service
<input type="checkbox"/> 05	U.S. Fish & Wildlife Service
<input type="checkbox"/> 06	U.S. Forest Service
<input type="checkbox"/> 07	National Park Service
<input type="checkbox"/> 08	Bureau of Land Management
<input type="checkbox"/> 09	Department of Defense
<input type="checkbox"/> 10	Army Corps of Engineers
<input type="checkbox"/> 11	Private Industrial Landowner
Name: _____	
<input type="checkbox"/> 12	Private Landowner
Refuge /WMA/GMA/SGL Name:	
(See support info for code)	
National Forest Ranger District:	
(See support info for code)	

COOPERATORS

(See support information for Cooperator Code & Cooperator Category/Name code numbers)

Cooperator Code	Cooperator Category/Name Code (if applicable)	Name	
1.			\$
2.			\$
3.			\$

Approval:

	State/Provincial Chapter President: _____	Date: _____
	Technical Committee Representative: _____	Date: _____

Regional

Biologist

NWTF Staff:

Date: