

AMERICAN ASSOCIATION OF ZOO KEEPERS

Trees for You and Me

Restoration Grant Application





FOLLOW INSTRUCTIONS CAREFULLY - COMPLETE ALL 3 PAGES OF THE APPLICATION

All Applicants **must** submit with this completed application:

curriculum vitae (3 pages maximum); 2 letters of recommendation (with at least 1 from the Executive Director of your facility/affiliated organization)

SUBMIT COMPLETED APPLICATION AND SUPPLEMENTAL DOCUMENTATION TO:

Electronic (preferred) With a copy to: OR Mail Dawn Fleuchaus, Grant Coordinator Ed Hansen Ed Hansen Trees for You and Me Program CEO/CFO ATTN: TFYM Grant TFYM@AAZK.org Ed.Hansen@AAZK.org 8476 E. Speedway Blvd., Ste. 204 ATTN: TFYM Grant ATTN: TFYM Grant Tucson, AZ 85710-1728 PRINCIPAL APPLICANT INFORMATION **FACILITY OR ORGANIZATION NAME** PRINCIPAL APPLICANT NAME **POSITION TITLE** U.S. PHYSICAL ADDRESS FOR **DISTRIBUTION OF FUNDS EMAIL ADDRESS TELEPHONE** AAZK MEMBER IF YES, AAZK MEMBER CATEGORY YES NO **ADDITIONAL INVESTIGATORS** NAME TITLE **INSTITUTION EMAIL** TO BE COMPLETED BY FACILITY/AFFILIATE ORGANIZATION DIRECTOR I endorse the project described herein to be conducted at, or in conjunction with, the organization listed above. FACILITY DIRECTOR'S SIGNATURE DATE



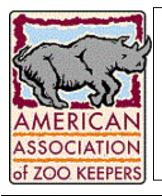
AMERICAN ASSOCIATION OF ZOO KEEPERS

Trees for You and Me Restoration Grant Application





| APPLICANT PROJECT | |
|--|-------------------------------|
| TITLE OF GRANT PROPOSAL: | |
| | |
| DDOLECT DATES. | |
| PROJECT DATES: FROM | то |
| TROW | 10 |
| | |
| AMOUNT REQUESTED | I WILL ACCEPT PARTIAL FUNDING |
| | YES NO |
| Briefly define the objectives of the grant proposal. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Summarize your project's sustainability goals and potential. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



AMERICAN ASSOCIATION OF ZOO KEEPERS

Trees for You and Me Restoration Grant Application





| APPLICANT PROJECT (CONT.) | |
|---|--|
| Detail how grant funding will be applied to the proposal. | |
| | |
| Describe how the grant award will be published and shared outside of your organization. | |
| | |
| Describe project alterations in the case of partial funding. | |
| | |
| I have read the TFYM Grant Submission Guidelines and understand that failure to comply with the Guidelines may result in revocation of the AAZK TFYM Grant. | |
| PRINCIPAL INVESTIGATOR SIGNATURE DATE | |
| D : 14/2024 | |

Revised 1/2021